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Pain.

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The subject of pain no doubt seems a strange subject from which to write. The reason I suppose, is because it is always considered as a symptom and not a disease, *per se*. So a thermal rise of the body may be called a symptom. One tells of tissue metamorphosis, the other of nerve perturbation; the physician interprets the rapid and irregular pulse, while the patient realizes the nerve current with its grinding or stabbing sense.

The physiologist has long been able. to measure the power of the muscular contraction, but now he can weigh the powers of mental action and give you the sum total of philosophic thought.* Why then may we not study the nature of imponderable agents when they are so closely associated to the operation of the physical.

Objections are raised stating that such questions are mostly theoretical. We admit that they are, but theory is the outgrowth of intelligence, and is not intelligence one of the most correct sensations we possess? The eye and ear are easily deceived. Deceptions can be practiced before the eye, and sounds so imitated that did we not call to aid our intelligence and reasoning powers, we might become the subjects of ridicule. Reflection of light may be false, colors become blended, taste often perverted, sounds a rumbling confusion, but reasoning from a well balanced mind is seldom deceived. Intellectual feeling is knowing.

Pain may be either *physical* or *mental*, *each* will require separate considerations. The causes of physical pain may be either central or peripheral. Mental pain may arise from *real* or from *imaginary* causes.

The word *pain* suggests sensation or sensibility. Sensibility permits of a pleasurable as well as painful sensation. Both pleasant and unpleasant physical sensations which come from the external world are transmitted to the receptive faculties by the same nerve tract, and considered or interpreted by different cells of the gray matter after passing through the common center, the internal capsule contiguous to the thalamus opticus.

In our physical organism we possess different kinds of sensations, viz.. sight, hearing, smelling, taste, tactile, muscular and thermal. These are all of a physical nature of a special and general character. They each may be pleasurable or painful. Sensations are processes from life thrown out into the surrounding world, or mediums by which we realize contiguous forces. Some have argued that sensation was only modified electricity, but sensation is realization, while electricity is power; and aside from that I doubt their identity as a force. Sensation travels at the rate of 111 feet per second, while electricity travels at the rate of 111,000 miles a second. One requires a medium of living cells for conductors, the other cords of innate matter.

You may electerize a cadaver and produce *action*, *motion*, but not sensation; but why? Because the sentient powers have left the tissues and devitalized cells have ceased to act.

In considering physical pain we ask what is this unpleasant sensation. It is something language cannot portray, but which entity can realize. Some define it as an explosive action of nerve fluid, but that explosive action must have a cause, so we will define the cause as a molecular movement of the ganglionic cells by the electrizing of the protoplasmic matter.

*Professor Mosso.

In studying the nature of the sensory system we find it united directly or indirectly through the different ganglia with the sympathetic, the trophic, the vasomotor, the inhi itory and musculo motor. The fibers passing along the posterior column of the cord after entering the reflex ganglion at the root, dividing on either side of the medulla oblongata and enter the internal capsule situated between the thalamus opticus and nucleus lentiformis, from thence to the various local centers of special sensation in the cortex. It will be observed that the muscular sense traverses the posterior median columns or columns of Goll, while the tactile sense traverses the posterior lateral column. The whole tract of the sensory nerves and cel s as well as nerve bulbs are supplied with trophic nerve filaments which enter the nerve fiber medullary substance and axis cylinder to supply them with the vital stimulus necessary to their receptive faculties and powers of conduction as well as governing the cell proliferation.

These trophic filaments are connected with centers situated according to Dr. Joseph of Berlin, in the peripheral extremities of the nerves. But by later experiments of Dr. Bernard, in his sections of the sympathetic in the cervical region, he has proven it to be incorporated in that nerve and to enter the posterior root of the cord; then according to Dr. Laycock, they pass on up to be distributed into three special localities, the medulla ablongata, the cerebellum and cerebral ganglia. If these trophic nerves are destroyed, then degeneration of the sensory nerve takes place and loss of that function is the result.

It will be observed that the filaments composing the nerve fibers are uninterrupted from periphery to center, only at the ganglia through which they pass on their way to the brain, at which point a reflex action or a sympathetic action may arise, which may disturb a distant organ. Each of these nerve filaments contain an axis cylinder made up of nerve cells, surrounded with the substance of Schwann and enclosed by the tubular membrane. Through the axis cylinder this influence which we call sensation is transported. These fibrils are held together by connective tissues called neuroglia, then gathered into a common trunk which is surrounded by its sheath the neurilemma. Through this sheath the arteries and veins pass to supply nourishment and remove waste tissue which is constantly arising from the rapid change which takes place in the nerve cells.

These sensory fibrils separate near the surface of the body, into medullated and non-medullated fibers, the medullated terminating in the tactile corpuscle, while the non-medullated are lost in the meshes of the epithelium.

Now when these bulbs or tactile corpuscles are touched, there is produced a molecular movement which corresponds to the degree and nature of contact, which influence passes along the axis cylinder to the brain, and is interpreted in what we call sensation, pleasurable or painful, as the case may be according to the power and intensity of molecular movement. As it passes into the reflex centers on entering the cord it may excite a reflex action in the motor nerves, but the sensory impression goes on into the internal capsule, then interpreted *below* the parietal lobe in the gray cortex. But if the sensation should arise from the muscular branch it would be interpreted by the cortical cells of the parietal lobe. If the special sense of sight is stimulated then the perception will be at the ceuneuss and subjacent gyrus at the posterior longitudinal fissure. If of other sensory nerves then at their various points of reception. The different kinds of physical pain may be divided for convenience into three general characters corresponding to musical sound, viz., *length*, *pitch*, and *power*. *Length* would define the quick *stabbing*, the *throbbing*, and slow boreing pain. *Pitch* will correspond to the high painful tension, while *power* tells of its degree and strength, these conditions or qualities may be associated and give the varied shades of painful sensation spoken of in the text books of various authors.

I am well aware we are not dealing with a tangible thing, if so it would be much easier to explain and understand, but the more we handle the subject the more familiar it becomes and when more familiar, then the better understood.

I am also aware of the diversity of opinion as to the existence of a separate nerve tract for pain; and, notwithstanding the opinion of such men as Dr. Anstie and others, I would still hold to the opinion supported by Drs. Bristow, Ziemessen, Flint and Gross, that the tactile tract is capable of transmitting the various qualities of sensation as well as degrees of intensity. If not then we would have to argue as well, the existence of tracts for all the varieties; as *cold, tingling, tickling, stabbing, boreing, burning, crushing*, and a host of other anomalous forms, of which time and space will not permit me now to enter into.

In order to more fully study physical pain I will divide it into two general classes viz.: *an exalted sensibility* when of central origin, and *normal sensibility of exalted activity* when peripheral.

An exalted sensibility is an exaggerated sensation in the organs of perception and not depending upon peripheral irritation. It may be produced by either nutritive changes in the cells from impoverished blood, or by the introduction of poisons such as malaria, thus causing undue electrization of the protoplasmic matter and an explosive action of nerve fluid at the *center* of sensation which is referred to the peripheral end of the fiber connected with this center.

This sense of pain is entirely independent of any injury to the part where the pain is located or referred. We can illustrate this by a central telegraph office which communicates by wire with one, miles away. Unobserved by the operator some one cuts the wire within his office and a machine is attached by which a message is sent over the short wire to the operator; this message he receives and interprets as coming from the extreme end of the line and would answer it accordingly. So it is in central irritation of the ganglions, or in pain of the stump after amputation of the leg where the pain seems to be in the toes; wherein superstitious people believed it to be caused by a cramped or uncomfortable position of the amputated limb. The point of irritation in this case is generally found in the nerve terminus at the stump.

In central irritation although the pain seems to originate at the peripheral, the fasciculi which have their origin in the gray matter of the brain, and extend to the extremity, take no part in the explosive action. The above class can be referred to *physical* causes although often quite obscure.

Exalted sensibility may also arise from fixation of attention, followed by imagination, locating the pain in the part of the body upon which the attention is fixed, as in painful points in hysteria. The pain felt by an hypnotized patient at the suggestion of the operator. Also hallucinations of the insane, these all locating the unpleasant sensation at some *fixed point*. Now a continuation of this mental phenomena may cause something more, an actual disturbance of the physical sensorium. This perception of pain is out of proportion to any injury of the nerves in the member which seems painful. Sir John Hunter said he could fix his mind upon his great toe at any time and cause pain. That would be exalted sensibility, caused by fixation of attention, therefore of emotional origin. Although of a mental origin, as before stated, it may in time produce structural changes. The close connection which the sensory nerve has with the trophic and vaso-motor and musculomotor, it may so affect the various tissues and organs as to cause organic disease. The influence which the sensory has over the tissue is well illustrated by the congestion of the conjunctival membrane, arising from neuralgia of a branch of the fifth nerve; therefore, we may have the following results: *imagination may cause central disturbance*, which being referred to some organ may cause *functional disturbance* and *that* resulting in a *structional change* through its effect upon the trophic nerves which enter that particular organ.

In the second class of physical pains which we will call a normal sensibility of exalted activity the causes are always peripheral. If the nerve fiber at its peripheral extremity or along its tract is injured by inflammation or traumatism causing an explosive action of nerve fluid to pass along its cylinder there would be an exalted action or activity of the nerve cells at the point of injury, and the exalted influence would pass on into the internal capsule, the common sensory center, then to the receptive cortical cells in the gray matter

of the brain, which you will remember is in a normal and healthy condition, and they will therefore receive an impression normally and just in proportion to the injury received in the extremity. We therefore have a *normal* sensibility because of a correct interpretation. *Exalted activity* because the explosive action is increased in the nerve tract. We must not get the idea of sensibility confounded with activity. Sensibility has reference to our receptive powers, which are closely allied to intelligence. Activity is applied to the molecular action in the nerve tract, and may take place without any registration of pain. For instance, if the cord be cut severing the sensory tract above the communication of the motor with the sensory in the reflex centers, and then irritate the peripheral sensory with a needle, a reflex motor will result, but there will be *no sense* of *pain*, a purely exalted activity without sensibility. Thus you will see this differentiation of pain is not imaginary.

The sense of pain may produce death aside from the structural lesion which may be the instigator, and for this reason we have adopted the anæsthetic in surgical operations to guard the patient from its fatal shock. The effect of chloroform and its substitutes is to paralyze first the sensory centers and then the reflex action, reducing the danger of shock to a minimum.

The causes of tetanus in puncturing of the plantar and palmar fascia, are due largely to the sensibility of those parts.*

Pain is a gift to all the higher order of animal life. It has a purpose to fill. It is intended to warn the executive powers of danger to its physical structures; were it not for this gift our body would be consumed silently and unconsciously by contact with the surrounding elements, so what we commonly consider a punishment is no less a benefactor.

We not only have physical pain but psychical or mental pain, this is not a localized sensation. It consists of a responsive action of an unpleasant nature arising from the stimulation of the emotional centers, produced by an idea, that idea may be either *imaginary or real.*

The painful effect from a *real idea* would be produced by a normal reception of the impulse upon the emotional ganglion, such as grief from the loss of a near friend, or fear in the time of danger, these I would consider a *normal reception* of an *exalted mental action*, for the reasonableness of psychical pain and its normal interpretation. It is produced by an outward cause, the knowledge of an actual event.

An *imaginary idea* will cause pain by an exalted activity of the emotional centers, it being brought about through the electrization of protoplasmic matter by the imagination, wholly out of proportion to any outward cause, and in fact is deceptive in its nature, such as emotional manifestation in the hysterical subject, delusions of the insane, imaginary injuries. These stimuli are of central origin, manufactured in the imaginary sensorium, received and registered by the perceptive faculties without being weighed by the intellectual powers, and not subject to the inhibitory influence of the will. These impressions when thrown out along the nerves to the eyes and facial muscles, may be read upon the countenence like the printed pages of a book. Intelligence is therefore essential to psychial pain. A beast may grieve over the loss of its young, the faithful horse or dog may express pain from the absence of its master. These are not physical pains, but mental phenomena, they may occur independent of any external cause, but there is nevertheless movement of the cellular substance of the cortical centers, wherein lays that peculiar emotion. These emotional centers are so interwoven and associated with the cells of organic life, that a proper balancing of their functions is necessary to health and longevity. Through the influence of these mental pains the stomach fails to perform its office of digestion, glands of various kinds cease to discharge their functions. Tissues may no longer assimilate nourishment, for these mental phenomena have wrought changes in the cells of trophic and vaso-motor nerves.

It is believed by Drs. Todd, Tuke and others that this emotional center is located somewhere in the upper and posterior mesocephale, reflected through the optic thalamus. In direct communication with this center are

*Forbes, Vulpian, Ringer, Murrell and Nicaise.

those of intelligence and will, which in a perfectly healthy state have an inhibitory influence to control its molecular movement. It also being in close proximity to the physical sensorium we would expect what does actually occur, a disturbance of the function of external sense. Although this mental phenomena may be called a functional disturbance at first, it may in time, and often does, produce structural disease in some distant organ upon which the attention is fixed by its influence over the trophic and vaso-motor nerve.

The treatment of pain is rational, it consists first in removing the cause, if from peripheral irritation subdue it by allaying inflammation, if from general anæmia give iron, arsenic, chlorides, bitter tonics and codliver oil, and electricity. If of emotional origin do not ignore it, for many a poor sufferer has passed off the stage of action a mental or physical wreck because of it. Prop up the unbalanced functions of the mind with nerve stimulants on the one hand or sedatives on the other as the case may demand, depending upon your perception of the weakened function and exalted powers of the mind, but internal medicine is only a small part of the treatment to be applied; the mind is at fault, and must have its share of consideration. Psychological medicine is not out of the field of the general practitioner, it is often the most potent remedy in your armamentarium. Instill confidence in the patient's self and not altogether in you, make her or him to feel the powers of their own will, not by cruel despotism, but by kindness and sometimes firmness. Guard such patients from the talons of the charlatan who are scanning our professional fields with eagle eye, for upon such they prey. A physician is more than an administrator of drugs; he is the guardian of the mental as well as physical powers of his patient, and as such he should try and restore the natural order of mental phenomena which have become by them unmanageable, left like a ship without a helm, dashed blindly on in the midst of the sea of emotion.

Whether pain be real or imaginary, search for the cause of disturbance, it will be found either in structural lesion or in an unbalanced condition of the imponderable powers we call mind.

The Menopause—Its Relation to Disease.

Read before the Golden Belt District Medical Society, January 8, 1891.

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Gentlemen of the Golden Belt District Medical Society

Woman, in order to prepetuate her species, has been endowed with certain function or functions, which, after a certain number of years are, by nature's own inexorable law, laid aside, and she once more assumes the individual life which she possessed prior to puberty. This gradual but certain loss of function, commonly called "change of life," will be our theme for consideration to-night.

It is not the object of this paper to enter into a speculative discussion as to the probable cause of this important epoch in woman's life, for, it will probably always remain one of the unsolved mysteries in nature. Suffice it to say, the change does occur at some time during her existence, and the paper will confine itself to such points as will be interesting and instructive to the general practitioner.

There is, perhaps, no subject in the whole domain of medicine upon which physicians have such an indefinite or ill-defined idea as they have on the subject of this paper; for, upon investigating the subject I find one short article in Mann's System of Gynæcology; and in a dozen or more of the popular works on gynæcology, the word menopause is not found in the index. This, no doubt, partially accounts for the indistinct and indefinite views entertained upon the subject.

How frequent, how very frequent do we diagnose a case as "change of life" which, in many instances, includes all symptoms which cannot be readily accounted for in suffering womanhood, between the ages of forty and sixty. This sort of diagnosis may satisfy nurses and perhaps patients but it does not bear the stamp of thorough scientific investigation and research, and it is high time that scientific medical men no longer delude themselves by hiding behind a barrier which can be readily removed.

We are all prone to fall into the paths of radition believing as our forefathers did, and

when a chronic or obstinate case, ill-defined in many particulars, presents itself, it is the rule, not the exception, because of tradition, to indolently and carelessly diagnose the case as one of "change of life" and pass it by. Right here, let me call a halt. In this connection the apt remarks by our beloved Goodell,* in a recent article in the *Medical News* are timely and to the point: "I have learned to unlearn the grand motherly belief that the climacteric is in itself an entity, and that, as such, it is responsible for most of the ills of matronhood, and especially that of menorrhagia. True, it must be conceded that as an entity it does seem to disturb the vaso-motor system, and through it to cause many severe perturbations, such as tingling and numbness, sweating of the skin, flashes of heat and shivers of cold, emotional explosions, and a large group of hysterical symptoms. Yet, contrary to the prevalent lay and professional belief, how rarely can true uterine hemorrhage or other uterine discharges be traced to the climacteric as a cause in itself. Yet. many a poor woman has lost her health, her life, indeed, by her own and her physician's belief, that her hemorrhage or other vaginal discharges are critical and due to "change of life," a misnomer which too often leads to indolent diagnosis and slovenly therapeutics." I would go even farther than this and say that as an entity the menopause or climacteric does not exist.

The transition period of girlhood into womanhood is certainly of no less importance than that of the menopause, and when the functions of the body and the physical development in all its particulars are in their normal state we anticipate no trouble and have no anxious solicitude as to perfectly free and painless development of girlhood into womanhood. If nature's law is anything it is beneficent and logical, and in place of looking upon puberty or menopause as entities or realities, they are simply periods of transition, and which, if uncomplicated by faulty or arrested development in any part or organ of the body, can certainly give no well founded cause for serious apprehension. If development is impeded at, or before puberty, it is in accordance with nature's universal law, that when her law is violated there is no excuse, but suffering and diseases are inevitable. Hence the complicated range of symptoms generally attributed to puberty when, as a matter of fac t, it is a fulty development. There is no good reason why woman should pass through the period of puberty, if her physical condition is in a perfectly healthy state, with any less discomfort or less disease than she should suffer in passing through the period of menopause.

The age at which the change of life occurs varies in different climates. In this country menstruation ceases between forty and fifty, the average being about forty-six. Cases are reported at sixty and *Dr. Emmett reported a case before the New York Obstetrical Society at the age of seventy, and †Dr. Battey records one at ninety-three in his "Normal Ovariotomy." In my own limited professional career, I have delivered one woman at fifty-five and another at fifty-seven. On the other hand two cases in which menstruation had ceased at thirty and another at thirty-three have come under my observation. In either extreme, if abnormal symptoms arise as would suggest the menopause, a thorough examination should be made to avoid all possibility of error. A woman in perfect general health without local disease or malformation, or abnormal conditions as a result of previous disease, should cease to menstruate without any constitutional or functional disturbance whatever. If she does not, the symptoms accompanying this period are as numerous and as varied as the diseases complicating it. Hence, the ill defined symptomatology.

It is so common to find copious hemorrhage and suffering almost to a point of distraction from reflex and sympathetic nervous disturbances, that the profession generally has looked upon this epoch and has educated woman to look upon these symptoms as nothing more than she should expect, believing it is only the "change of life."

Before turning to symptoms and diseases complicating this period, I shall again revert

*The Medical News: Nov. 15, 1887.

*New York Medical Record; Transactions of the N. Y. Obs. Society, Nov., 1887.

†Normal Ovarotomy: Dr. Battey. See Wood's Encyclopedia of Obs. and Gynæcology.

to my original proposition that if she is a sound perfectly developed being she will have little or no discomfort in passing through this period, some authority to the contrary notwithstanding. If she does suffer, it must be due to local or constitutional causes which, in turn, cause symptoms and modify them according to the nature and gravity of the disease. My position has been clearly defined and the subject of cause and effect, symptoms and disease shall, as closely as possible, be the confines of our discussion.

In a general way, we may gain some advantage by making three classes—those having a lymphatic temperament, those having a sanguine temperament and those having a nervous temperament. All things being equal, it is generally believed those having a lymphatic temperament are more likely to have an easy change. Those of a sanguine temperament are more prone to hemorrhage and reflex head symptoms; those endowed with a bilious or nervous temperament predispose to liver and stomach disorders and to nervous and mental diseases

This classification can only aid us in reaching a logical conclusion as to the cause of the disease with which our patient is probably afflicted. The one principle paramount to all others, which must guide the one most successful in this, as in all other cases, is first, to ascertain the cause, and next to remove the same if impossible. This principle of ascertaining the cause is so frequently overlooked that you will pardon me for alluding to it again and again. It is being done so much that I am willing to acknowledge my most frequent failure of success. It is my lack of opportunity or lack of thorough examination.

Before entering upon the discussion of symptoms and diseases usually accompanying the menopause, it will be well to return and ascertain what changes occur in her physical condition. In a nut shell, the whole reproductive system undergoes a gradual retrograde metamorphosis or general atrophy. The ovaries lose their activity, the "Graafian follicle undergoes a fatty degeneration forming simply a fibrous mass;"* the fallopian tubes, particularly the fimbriated portion, lose their grasp and power of contractility. The uterus becomes less sensitive to touch, its secretions become more like serum or mucous; the walls become thin, hard and more fibrous; the cervix becomes short and hard and the canal at times, becomes almost obliterated. Upon examining per vaginum the cervix is hard and unyielding and to the point of the finger conveys an impression similar to that of the point of one's nose. The external genitalia gradually follow. The labia soon loose their fat, and atrophy to mere flaps of skin. This atrophy is confined to all the reproductive organs, while, on the other hand, the physical change in other parts of the body have a decided tendency to obesity. The fat increases as the power of reproduction decreases. *Naphey in his well known works of "Physical Life of Woman" records a very curious observation. He says, "When a girl changes to a woman a similar deposit of fat takes place (though less in amount) which commences at the loins. This is the first sign of puberty. In the change of life the first sign is visible at the lower part of the back of the neck, on a level with the bones known as the two lower cervical vertebræ. There commences an accumulation of fat which often grows to form two distinct prominences, and is an infallible index of the period of a woman's life." This, indeed, is a curious freak of nature, but I have so frequently observed it and it is an anatomical fact well worth remembering.

The symptoms vary greatly, no two cases presenting exactly the same symptoms. Hence it is impossible to classify them, but for the sake of simplicity, it will be best to follow a general outline already given, viz.: the phlegmatic, the sanguine, the bilious and nervous, each general type presenting in the main symptoms in common. The former class generally suffering least and seems specially favored by any easy change. The sanguine and nervons type perhaps suffer most.

Uterine hemorrhage is the foremost pathological symptom during the climacteric period. Indeed, irregular and profuse bleedings, menorrhagia, is a very common occurrence. The severity of the attacks depend upon different causes in different cases, but in many

*Reference Hand Book of Medical Science, Vol. 2, page 73.

*Physical Life of Woman: Dr. Naphey.

cases they are so profuse as to produce an anæmia from which the patient does not rally for months, and the importance attached to such cases largely control the mortality list. In September, 1887, I received an urgent call to see Mrs. M., aged 42, who was reported to be bleeding profusely from the womb and unless something was done immediately, she would die. I learned through the messenger that she had taken two vials of the one ten hundreth dilution of something but she had continued to bleed as before. She gave the following history: irregular, scanty or profuse flow for five months, occasionally passing large clots and on one occasion, literally saturated the mattress and bed before she was awakened; faintness, dizziness, vertigo, flushes of heat, and a sense of "goneness" in stomach. These latter symptoms occurring prior to the copious hæmorrhage. Upon close examination, I found an interstitial fibroid tumor attached to fundus of the uterus, size of a large orange, base being as large as any part of it. It is needless to say that all medicine of the homeopathic apothecary or any other, for that matter, was of no avail. I tamponed her with antiseptic cotton every day for four days and hastened to restore the blood she had lost. She had never given her consent for the removal of the tumor which was her only safeguard to the repetition of the same occurrence. Case was seen by my friends Drs. Waterman and Hazlett, in view of operation, but she afterwards left the city and have heard nothing since. In this case it was quite evident as to the cause of the flooding.

In these cases, naturally, the only relief to be given is to proceed at the earliest possible moment to remove the offending cause. It is the duty of the physician to insist upon this.

During the winter of 1886, I was called to see a lady, 52 years old who had been bed ridden for five years. Her irregular menstruation had begun about seven years prior. Having frequent floodings, she soon became so emaciated that weakness compelled her to take her bed. She was of a decidedly nervous type and presented all the characteristic phenomena of hysteria, including flushes of heat to head, palpitation of the heart and spinal irritation. At other times she was so despondent, refusing food or drink for days at a time, that serious apprehension was entertained about her sanity. She was a confirmed invalid in every sense of the word. She could not rise from her bed for fear of hæmorrhage and her physician had given her fair warning that she would bleed to death if she took to her feet. That it was simply a long "change of life" and she had no alternative, the physician adding "What can't be cured, must be endured." My first examination proved negative. Every organ in her whole body was as nearly normal as could be found in one so long confined to bed. Her ovaries were neither sensitive or too large, for they could be felt distinctly through the vagina. The uterus had not undergone much change but it was smaller than found during the child bearing period. The cervical canal was hard and resisted like gristle but in the main, symptoms were negative. One thing, however, was peculiarly conspicuous, viz.: upon introducing the sound gently and with least possible irritation to the endometrium the blood fairly gushed from the womb, making tamponing necessary. Resolved to find the cause if it existed in the genital tract, I dilated forcibly the uterine canal and found endometrium literally covered with granulation from size of cherry pits to small beans. Scraping the membrane with a dull curette, I made a thorough application of solution of nitrate silver, 10 grains to ℥, again placing my tampons one in front, one behind and one over the os, I left her. She lost the reflex symptoms, her hysteria disappeared as did her other symptoms, and in six weeks after the operation, she said she felt as well as she ever felt, asked to take a ride, which she had not done for five years.

The most frequent cause of a complicated climacteric is, no doubt, rupture of the perineum. In fact, while my observation has been limited, I have never seen a woman pass through this period unmolested who had a ruptured perineum. The cause is self-evident. The natural support of the uterus is missing, the uterus becomes engorged and hyperæmic, local congestions of the adjacent organs, all unite in making war upon nature's process of gradual atrophy or involution.

In this connection it may not be inappropriate to urge a plea for suffering womanhood by advocating immediate perineorraphy. Any physician or accoucheur who, in this age of aggressive gynecology and obstetrics, leaves a woman after confinement with a ruptured perineum is guilty of gross negligence and his patient is certain to return to him with manifold ills, many of them due to his negligence, carelessness or incompetency. The countless cases of prolapsus uteri are in a large measure due to a partial or complete rupture of the perineum. The main natural support is gone, and prolapsus with its endless train of symptoms follow.

About five years ago, a certain lady in our city consulted me, saying that she believed herself pregnant and desired a professional opinion on the subject. She was thirty-seven years old and had not menstruated for two months. She had no symptoms of pregnancy and she regarded it almost impossible. When her next period arrived she again consulted me telling me that she was suffering very much and applied for relief. She was not pregnant, and with some medication she began to menstruate. From this time on for three years she suffered untold misery from headache, backache and innumerable reflex nervous symptoms, at intervals of two, four, six, eight or ten weeks. Medication seemed useless and she became disheartened. Frequent examinations and observations convinced me that her trouble was entirely due to chronic enlargement and disturbed pelvic circulation due to ruptured perineum. I proposed an operation which was performed about two years ago, assisted by my friend Dr. Hazlett. Medication for reducing the enlarged womb was again resumed. Her symptoms gradually disappeared, her headache which had prior to the operation been intolerable, lessened in severity until six or eight months after the operation, they ceased altogether. Her menstruation appeared in six months afterward with little or no pain. She has not menstruated for nine months and only recently she told me she had not felt as well as now for fourteen or fifteen years.

Another very frequent cause observed in disturbing this period is laceration of the cervix with or without ulceration or induration of cervix or body of the uterus. If the ulceration remain obstinate, thereby making it impossible to remove it completely without repairing the cervix, the line of duty is plainly indicated.

The least hopeful and most distressing complication of the period is epithelioma or cancer of cervix and body. It behooves us more particularly to urge an early examination, especially in those who have an hereditary taint. An early knowledge of this dreadful disease is as essential to the physician as to the patient, both from medical and surgical standpoint. Statistics based upon records of the leading gynæcologists prove that lacerated cervices are more liable to malignant disease than those not lacerated. *Dr. Munde of Brooklyn, goes even farther. "He did not agree with Dr. Chadwick of Boston, who had recently published that there was no danger of epitheleoma developing from lacerated cervix, simply because he had had cases that proved to the contrary and had no doubt that the lacerated cervix is more liable to become the seat of malignant disease if the eversion and erosion, etc., are sufficient, than is the cervix that is not in a torn condition." Suffice it to say, nothing but prompt medical or surgical interference will prevent our patient from entering a premature grave. Dr. Wallace, of Jefferson Medical College, in a lecture, remarked that he had cured three cases of cauliflower variety of epithelioma by daily application of a solution of perman, potass. grains 10 to ʒ. Microscopic examination proved their cancerous nature and his cases lived under his care for years afterward. The remedy is, beyond question, one of immense utility in these troubles, from personal observation, but it is needless to say that it will not cure many cases even if seen early. The only recourse then, is the knife, and amputation of the cervix or a complete hysterectomy is in many cases the only relief. If seen when disease is limited in its area a vast amount of good may be accomplished with the knife; if not, the operation had better be discarded for remedial measures only.

*New York Medical Record: Transactions of New York Academy of Medicine, April, 1887.

There is another class of symptoms—the sympathetic and reflex nervous symptoms—which are as different as the disease upon which they depend. Among the most common are local perspiration, suffusion of neck, face and hand, a fullness in the head, the latter so marked as to cause a staggering gait. Choking sensations, accompanied with faintness, and as one author described it a "serpigenous sensation" all over body, are among the most common reflex phenomena. In the main, they can be traced to some irritation, nervous or circulating disturbance in the reproductive system.

We next come to the physical condition of woman. The change produced in the character is often quite noticeable. Dr. Tilt in his Elements of Health and Principles of Female Hygiene, says, "There are almost always, while the change is progressing various forms of nervous irritability and some confusion and bewilderment which seems to deprive women of the mental endowment to which they have acquired a good title by forty years enjoyment." These different shades of moral insanity appear most frequently in those endowed with a nervous temperament, and, if heredity bears a conspicuous feature in the case, insanity in all its forms and phases may now develop itself. There seems to be an especial tendency to melancholy. *Dr. Borner, upon the subject says, "The daily duties lose their interest and there is a certain indifference towards everything. They are often surprised at finding themselves plunged in a certain stupor or dejection, while they are troubled more than before with the consciousness of their own imperfections, and with forebodings of sickness and death. Some are disquieted on account of the possible loss of their property, while nearly every one experiences, unconsciously or consciously a certain amount of ennui, more or less of a disposition to peevish melancholy." These remarks of Dr. Borner, come home to me so vividly that I cannot refrain from citing another case which came under my notice some years ago. A lady, a near relative, during the second year of her menopause, suddenly showed marked signs of melancholy and, at intervals, mild symptoms of insanity. She called her husband and children to her room telling them of her visions and presentiments and that she desired making a will and disposing of her property before her death which she claimed was near at hand. A leading Philadelphia specialist was consulted who recommended after careful examination, that an operation for restoring a completely lacerated perineum, causing prolapsus procedentia, was an important, if not the exciting cause of the trouble. The operation was performed, the patient's physical condition soon improved and the mental symptoms disappeared rapidly. No other complications arose and she was discharged well and happy in six months after the operation.

One word on the subject of mortality with reference to the climacteric. Every one knows the popular opinion, and even "Life Insurance Companies" seem to share in this opinion, that the period of "change of life" is peculiarly fraught with danger and death to woman. It is a fact, however, based upon evidence of the most indisputable character that this is an error. The mortality between the ages of forty and fifty in males exceeds that in females, a fact most surprising but undoubtly correct, it being based upon the most reliable statistics.

*Woods Cyclopedia of Obs. and Gynæcology. Vol. 11, by Dr. Borner.

Tonsilitis.

Read before the Topeka Academy of Medicine and Surgery, February 3, 1891.

BY L. H. MUNN, M. D., TOPEKA, KAS.

Mr. President and Gentlemen of the Topeka Academy of Medicine and Surgery:—

That I may not be accused of laying claim to originality, I beg leave to state, that most of the facts stated in the following pages, can be found in Gray's Anatomy, Flint's Physiology, Pepper's System of Medicine, the Referance Hand Book, Gersler, and other standard text books on surgery and practice of medicine. That the subject was assigned me by our president and secretary, that I have done my best, will I trust be a sufficient appology for what follows.

I have but little doubt, but what some of you will claim that there are not two glandular organs, situated one on either side of the fauces, between the anterior and posterior pillars of the soft palate. I for my part (in the language of one Cazier, known to you,) believe that the "concenses of opinion is largely against them." They consist for the most part in a reduplication of the oral mucous membrane, in which are enclosed an abundant deposit of adenoid elements. Their gross structure varies in different animals. The simplest is likely found in the rabbit, where it resembles closely a large lingunal follicular gland. In man of course it varies. It is usually ovoid and more or less fills the triangular space between the anterior and posterior pillars of the palate. Briefly it may be described as a multiplication of linguinal follicular glands eight to twenty in number.

Its minute anatomy is for the most part like other lymphoid glands covered with a thick covering of pavement epithelium, a complicated network of lymphatic vessels surround each follicle.

Of the nerve supply I can find nothing very definite, it is probably from the sympathetic.

To me in a study of these bodies the most interesting and important point in their anatomy is their blood supply, they being nourished by the tonsillar and pallatine branches of the facial by branches from the descending pallatine, and from the ascending pharyngeal. Lastly the dorsalis lingnæ sends them a branch or two.

Their function is purely mechanical, to shape the bolus of food as it passes the pharynx, to lubricate it, with its viscid secretions, that it may thus the more easily reach the stomach.

An acute inflammation of one or both of these bodies, together with inflammation of the peritonsillar connective tissue and the palatine folds may be defined as tonsillitis.

Tonsillitis may be divided for the purpose of study into four forms.

First—The simple or superficial inflammation.

Second—The follicular.

Third—The parenchymatous.

Fourth—Tonsillitis resulting in the formation of an abscess.

Many writers, Flint, Pepper and others recognize other types, dependent upon their supposed causes as rheumatic, traumatic, &c. I am impressed that the opinion of Mackenzie, that while the actual pathological condition in tonsillitis may vary, there are clinically but two types, the superficial or follicular and the deep or paren chymatous.

The causes are like those for other inflammations, exciting and predisposing; as to whether there is a specific germ with a special predilection for these organs, I do not know. I leave it for some of the other members to answer. For my part I very much doubt it. I do believe that in hypertrophy we have one of the most common of predisposing causes, and in it some support for a theory of germs, not special ones, but that large army, that excite suppuration at other points, not so much from the hypertrophy in itself as to the retention in the enlarged lacunæ of excretory matter which becomes a culture for micro-organisms, only waiting for some catarrhal hyperæmia. Some infiltrations, a little epithelial erosion, that an attack of tonsillitis may be lighted up. Attacks are most common in youths, especially between the ages of 15 to 25. It being rare in early childhood, and after 50 years of age. I myself have seen a case in a man 57 years, he dying suddenly of suffocation, the abscess opening in his sleep. I do not think the accident should have occurred. It was early in my practice when I had great fear of the internal coroted artery.

In some cases the tendency seems to be inherited, I doubt it very much beyond the posibility of a common diathesis, I object as a general proposition to this laying of everything at the door of ones ancestors. It is not so long since if one's father or mother had consumption an insurance company would not take you, for of course that must be your end. Koch I believe has about disproved this, that children do inherit a certain something, call it a diathesis if you will, that gives the opportunity or chance to take in the specific cause, do so with greater avidity than those born under a different star I do believe.

In some respects the tonsils seem to be a vulnerable spot which is apt to sympathize with various other irregularities of the body.

Dyspepsia, mental disturbance, menstrual disorders, anxiety, etc. It is likely that at this time rheumatism and gout are considered the most important of the predisposing causes. I am impressed that this disease assists greatly in bearing out the belief of many, that tonsillitis is a constitutional disease with a local manifestation in the throat.

Among the most active of the exciting causes are said to be exposure to wet and cold. I do not believe though that without the existence of some predisposing general condition like sepsis or rheumatism that chilling the surface of the body through exposure can have this effect.

Seasons seems to have some influence as seen by the following statistics compiled during several years at the throat department of the Demilt dispensary, N. Y.; Dec'r, January and February, 463, March, April and May 487, June, July and August, 278, September, October and November, 304. These figures together with the fact that it is quite uncommon in tropical and very cold latitudes seems to convey the impression that the season of variable temperature is the most favorable. Finally the eruptive fevers, irritating vapors, caustic substances and traumatisms.

The outset is occasionally preceded by general malaise, headache, etc., for twenty-four hours. The usual rule though is a well marked chill, high temperature 103° to 106°, pulse full and bounding, throat hot, painful and swoolen, speech and deglutition interfered with, the peculiar thick tone of voice caused by the tumifaction is familiar to us all.

Heat and pain are early complained of, as the disease progresses they generally grow worse, pain and noises in the ear are frequent and likely due to an extension to the eustachian tube. Upon inspection one of the tonsils will be found swollen into an irregular mass of a bright red color, (occasionally both;) it is rarely confined to the tonsils alone, usually effects all the structures of the throat, even to the base of the tongue. The inflammation of the loose connective tissue about the lower jaw, often renders it impossible to open the mouth. It is very rare though that sufficient space cannot be made to allow of an exploration with the index finger.

At first the patient complains greatly of dryness in the throat, this is soon followed by a copious secretion of mucus or saliva which is exceedingly disagreable to the patient, who keeps up constant efforts at hawking and spitting to dislodge it. At times the inflammation extends to the salivary glands. It is needless to say that when this occurs, life to the victim is an aching void.

Speech is occasionally lost or rendered impossible; he expresses his wants by signs or in writing.

Uuless both tonsils are afflicted there is usually no impairment of breathing; at times especially in the rheumatic type, this becomes an urgent symptom, insomnia, vomiting, nausea, heavily coated tongue, fetid breath, apetite impaired, bowels constipated, urine scanty and high colored, these of course you have.

There is some satisfaction to the sufferer in the belief of most writers, that the first attack is the most severe.

The prognosis is good with few if any exceptions. If the case goes on to suppuration after the evacuation of the abscess, naturally or by surgical interference, the case should go on to rapid and complete recovery, with complete restoration of function.

Simple uncomplicated inflammation of the tonsil so rarely if ever proves fatal, that as interesting as the pathology of this class of inflammation is, very many questions are under dispute, and far from any satisfactory explanation. We may have a charcteristic follicular tonsillitis, beginning with the white punctate spots on the tonsils and it quickly assumes, the local appearances and general condition of true diphtheria, even to the sequellæ. Again in cases of simple apparent, follicular tonsillitis, there may be swelling of the cervical glands, albuminuria, paresis of the soft palate, slow convalescence, tendency to recurrence. T. Steadman in his article in the Reference Hand Book, claimes abundant proof of an undoubted attack of true diphtheria, following an exposure of what seemed a true follicular tonsillitis. Jacobi believes that tonsillitis may vary markedly in its causes, be due to a diphtheritic, a purulent, or a septic source. The cases reported by Froechlick,

seem to my mind to assist the believers in this theory. The anatomy of the tonsil, the number and extent of its crypts, the nature of its mucous membrane, its numerous blood supply, its favorable location, makes me believe in sepsis as the immediate cause for its pathology.

I am aware that some of you will claim that it is only the local manifestation of an acute general disease and that without the rheumatic diathesis you can have no tonsillitis.

I admit that after the victim of parenchymatous tonsillitis reaches the point that he can not open his jaws, has the peculiar anxious expression of suffering, the coated tongue, fetid breath, etc., that the diagnosis is easy, at an early stage, especially in the follicular type of the disease. In my own experience it has been far from it. I have frequently been in great doubt, as to just what I had until my second and even my third visit, especially has this been true in adults, with scarlatina and the eruption a little delayed.

From diphtheria the fact that the catarrhal exudation may be wiped from the crypts, while in diphtheria it has the appearance of being splashed upon the mucous membrane, and that when torn from its attachments it leaves the mucous membrane distinctly eroded and bleeding. The temperature high in tonsillitis often 105° or 106°, rarely even, 102° in diphtheria. The pulse full and bounding in tonsillitis, rapid, depressed and irregular in diphtheria. The one sthenic, the other asthenic. The occurrence of albumin in the urine. To be sure, albumin may occur in a case of simple tonsillitis, it disappears though after the third or fourth day. While in diphtheria it is found two or even four weeks and longer after convalescence.

From syphilis you should not have much if any difficulty, the history, together with the occurrence of other symptoms will clear it up. It has been mistaken for cancer. It seems to me that the long history, age, temperature, etc., should make this mistake difficult.

The treatment is general and local, when I see a case, as there is usually more or less constipation, I prescribe a purge, a saline by preference,(magnesium sulphate),a drop or two of tincture of aconite every hour, enough opium or some of its alkaloids to hold my patient and keep him comfortable. For a gargle I usually direct a hot one, soda bi-carbonate, a teaspoonful in a glass of hot water; hot fomentations to the neck, by preference, a hop bag; as the disease progresses, the inhalation of hot steam affords great relief, the spout of a common coffee pot answers the purpose, I used to put them on a combination of salcylic acid and an alkali (potass citras,) on the rheumatic theory, during the past year or two I have depended more upon salol together with a proper faith.

It is my belief that in the deep or parenchymatous variety, feeling satisfied that pus has formed, I have saved my patients much suffering by an early incision. I do not think it quite so easy a matter to cut the internal carotid artery. Don't scarify, that is only aggravating your patient's inconvenience. Take a sharp pointed bistuory (not a curved one, because that shows fear,) cover it to within an inch of its point with adhesive plaster. I prefer a tenotomy knife, that does not need any covering, depress the tongue with the left index finger, with the right thrust the knife into the base of the swelling at a point determined upon, through the anterior pillar, keep the knife in an antero posterior direction. If you do not get pus with the first puncture try again untilit wells up along the side of the blade then turn the blade inward toward the median line, a number of muscular fiber belonging to the levator palatæ will be divided, their retraction wall create a patent orifice favorable to drainage and rapid recovery.

I have said nothing of the abortive method. The use of veratrum veride, opium, full doses of quinine. The opinion of some, of my father, Dr. C. E. Munn, surgeon in the U.S. army, that if he can see his case early enough, he can by an emetic abort it on the revulsive theory, the use of dry soda, etc.; for the reason that I am impressed that these cases under any or no treatment would have done just the same, and rapidly gone on to complete recovery.

IN tonsillotomy great care should be taken lest an anomalous position of the carotid artery should be found and a fatal hemorrhage take place.

Typhlitis and Autopsy.

BY W. R. ROUP, M. D., OF LEBO, KANSAS.

REPORT OF A CASE.

Editors of Kansas Medical Journal:

Allow me to report a case, and as it has caused considerable interest and comment among the laity, excuse me if I give some of its aspects that are not wholly scientific:

Wm. L., Welch, aged 43, well developed, and until quite recently in good health, called at my office on the 13th of the month, complaining of severe pain in the right iliac region. With difficulty he placed himself on a lounge, assuming a right lateral position, with the right thigh flexed upon the abdomen. Examination revealed an exceedingly sensitive tumor, of apparently two and a half inches at its base, extending from the region of the cæcum, gradually lessening in size, downward and to the left three or four inches. The pulse was 90, temperature 98½° F., respiration hurried and shallow, countenance anxious, and there were frequent eructations. Said he had not felt well for several days; had taken some pills, and had his bowels freely moved three days before; no action since.

I diagnosed typhlitis, and pointing out his danger advised an early operation, to which he objected. Administered hypodermically half-grain of morphine, and recommended that upon returning home he apply hot fomentations and take a full dose of castor oil or sulph. magnes. He did neither; but soon after he reached home summoned me to his bedside, when a more careful examination showed the conditions described unchanged, excepting there was more pain and tenderness, greater restlessness, increased anxiety of expression, and free perspiration. Administered morphia again, and advised an operation. To this he again objected, when I requested counsel.

Dr. C. F. Lusk, of Lebo, was called the following morning. After a thorough examination, from the continued constipation, the palpable tumor, and the extended and increased tenderness, we believed there was obstruction either from intussusception or constriction of the bowel; but knowing the most experienced abdominal surgeons taught that in such cases it not infrequently happens that the knife alone could reveal the true pathology, we advised a laparatomy, both as a means of diagnosis and cure. The patient could not consent. When first called I had given a full dose of hydrargiri sub-mur., and followed it with ol. ricini, and had washed out the bowels repeatedly, and directed warm fomentations. As there had been no operation we repeated the hydrarg. and oil, as well as the fomentations.

I visited the patient again the same evening, taking Dr. Lusk with me. There were now marked manifestations of peritonitis, and the tenderness had extended over a much larger area; the temperature was 102° F., singultus, very considerable tympanitis, increased anxiety of expression, and great restlessness.

We now informed the patient that we believed his only hope was in an operation. Declining this, we advised him to call in consultation Dr. Page of Emporia or Dr. McClintock of Topeka, telling him that every hour was of vital importance. He said: "You think then I cannot recover without an operation?" After reaffirming our opinion he replied: "Well, I will not submit to an operation until the two Drs. Sweezy of Lyndon say it is necessary." I informed him that I preferred not to meet them in this case. When asked why, I said I think we will fail to agree and will lose valuable time. Being fixed in his opinion, I said "call them and I will wash my hands of the case." He said I will send for them in the morning. I said send for them now, you have no time to waste (they lived twenty miles away.)

Giving an enema of warm milk, a full hypodermic of morphine, and directing the hot fomentations continued, I withdrew from the case.

Early next morning I was again summoned to see Mr. L., and informed that his bowels had moved freely, that he seemed much better, and that the Drs. Sweezy had not come. Hoping against hope that he might be better I went again to his bedside, and found the dejection only contained the enema of milk,

The patient had steadily grown worse. Temperature 103½°, pulse 140, prostration very marked.

Soon after my arrival the Drs. Sweezy came. They were kind enough to cross-question me, and to say they could not agree with me in diagnosis, and considered my treatment pernicious; that in their opinion I had a case of peritonitis, but were not at all satisfied that there was any form of obstruction; and that the morphia administered was an easy solution of the inactivity of the bowels—all this before the patient and his friends.

They then asked my opinion of an operation? I said I thought nothing else would save the patient, and that in his present condition it would probably fail, but that he might as well die with the only hope as without it. As the gentlemen did not agree with me in anything, leaving the case in their hands I returned home. This was upon the morning of October 17; on the morning of the 19th, forty-eight hours later, death claimed the patient.

Twenty-four hours after an autopsy was held, the following physicians being present, viz., W. C. Sweezy and his brother Irving Sweezy, Schenck, Klingburg, Heller, Lusk, Foote, Hood, Packer, and myself.

The autopsy revealed a somewhat peculiar condition. The vermiform appendage had become entangled in and constricted by the omentum, which had dragged it up over the cæcum; the subsequent inflammation causing a thickening of its folds, that gave the impression that the case was one of intussusception. The strangulation of the appendage had caused it to slough off at its middle third. There was a slight discharge of pus; a thick, bean-like consolidation of mucus in the sloughed extremity, and an extensive peritonitis, with moderate effusion in the abdominal cavity. While the knife threw some light upon the pathology, we think it confirmed the importance of the surgical procedure recommended, and that no matter how hopeless the case may seem, the duty of the surgeon is emphatic.

Though this case is one of unusual interest, especially in its peculiar pathology, I would not have reported it to the profession had not the gentlemen who differed with me ventilated their opinions through the secular press. I leave it with the profession, where it properly belongs.

Sympathetic Ophthalmia;

ITS TREATMENT—WITH CASES.

Read before the Eastern Kansas District Medical Society, Topeka, Kan., Jan. 13, 1891.

BY J. E. MINNEY, A. M., M. D., TOPEKA,
PROFESSOR OF OPHTHALMOLOGY AND OTOLOGY IN THE KANSAS MEDICAL COLLEGE; PRESIDENT OF THE KANSAS STATE MEDICAL SOCIETY, EDITOR-IN-CHIEF OF THE KANSAS MEDICAL JOURNAL, AND MEMBER OF THE AMERICAN MEDICAL ASSOCIATION.

[Concluded.]

Case 2. Mrs. C., age 59; white, married, American; Topeka, Kansas. She had eye trouble three months before calling on me in June, 1886. Examination showed a large ulcer at the upper and inner quadrant of the left eye—with posterior synechia, vision counting fingers. Iris and ciliary body inflamed and severe pain. Treatment for three weeks availed naught; she had lost the sight of her right eye; she said when she was a girl, and the condition was almost identical with that of case No. 1. Her poor eye now became her best eye; the vision in this eye faded at times, ciliary tenderness developed; the exciting eye was enucleated; subsequently she was fitted with spectacles, and within three months she could read ordinary print, and was an incessant reader.

Case 3. Mr. P., of Columbus, Kansas, age 27, white, American, unmarried, plasterer, called on me on November, 1886. One month previous he got some lime in his left eye; purulent ophthalmia developed, and the other eye became affected. He had been treated properly, but not getting along as well as his physician desired he was sent to me. There was swelling of the lids of both eyes, but they were large and could be everted, showing a succulent velvety mucous membrane, with clefts from two to three m. m. in depth. There was a thick, yellowish discharge from the eyes, chemosis, perforating ulcers of both

corneæ identical in situation at the inner quadrants, with irides protruding. The eyes were thoroughly washed with a hot boracic acid solution, and to the everted lids was applied with a brush a xl. gr., ℥ i. water solution of the nitrate of silver, which was neutralized in a few moments with a solution of chloride of sodium, and washed again with clean water which had been previously boiled. Atropine gr. iv., ℥ i. water, a few drops were used in the eyes while he was in the office. He was permitted to bathe the eyes in cold water until the burning sensation of the nitrate of silver passed off and afterwards to use hot applications. The discharge was almost checked in twenty-four hours. A xx. and then a x gr. sol. of argent. was used every day, or every second day as indicated by the discharge. The protruding irides were snipped off and the disease checked. The vision of both eyes improved, especially the right one, for several days and then came a stationary period of a week. Then the left eye began to pain, the vision was reduced to perception of light, and counting fingers with the right at one foot; the lids of the left eye began to swell, and we enucleated it within twelve hours from the beginning of the last attack. Pain in the other eye ceased. He went home within ten days and has useful vision in the remaining eye, enabling him to work at his trade. There is an anterior synechia remaining, and a partial exclusion of the pupil. There was probably a specific element in this case.

Case 4. George W., age 24, white, American, single, farmer, of Crawford county, Kan. Thirteen years ago he took cold in the left eye by going in swimming. The eye recovered, but three or four times each year he would take cold, and the eye would inflame—recurrent iritis—and the vision gradually grew worse. Three years ago he lost the sight of the eye, and there has been more or less tenderness and pain in it since. For the past three months he has been able to work but little on account of weakness of his right eye. Four days ago severe pain begun in the left eye and continues to the present time. There is blurred vision and some pain in the other eye. Examination of the injured eye shows seclusion of the pupil, with adhesion of the whole of the iris to the lens; irido-cyclitis plastica, vision, bare perception of bright artificial light, tenderness on pressure, and phthisis bulbi well marked with softening of the globe. There was pericorneal injection of the right eye, tenderness on pressure; sluggish swollen iris, with a slightly turbid aqueous. The iris responded slowly to a mydriatic, but not complete; field of vision concentrically contracted, and vision equalled $\frac{20}{40}$. Enucleation was advised as the only alternative, with the chances in favor of restoration of the sympathizing eye. In six weeks he was able to go to his work, and made a complete recovery.

Case 5. Charles A., age 27, freight conductor, white, American, of Topeka, He had gonorrhœal ophthalmia in both eyes when I was called to see him. First taken in the right eye and four days later in the left. It was a typical case. The chemosis, œdema of the lids and pain were severe, with a free discharge of pus from the right eye, and a nice showing in the left. The cornea of the right eye presented a frosty appearance and soon developed an ulcer, involving its upper third. About one week later a small ulcer developed on the left cornea, at an exactly corresponding point to the one on the right. The treatment consisted in the use of nitrate of silver xx. grs. to the ounce of water, applied to the mucous membrane, and neutralized with salt water; atropine, hot water, keeping the eyes clean, a tonic of iron and quinine, and nutritious food. The pus discharge was controlled largely within a week and the eyes improved some. At the end of the third week from the time the first eye was affected, the pain in it increased to an alarming extent, the vision was reduced to counting fingers with either eye at a few feet, the pupil contracted; atropine failing to have any effect I advised enucleation, with some misgiving, but of the opinion that both eyes would be destroyed if the right was not removed. The eye was removed; he went to work within three months, having one good eye and cured of chronic granulated lids of two years' standing.

Case 6. Mr. J. L., of Lawrence, Kansas, white, German, laborer. While working in a stone-quarry he was struck in the right eye, January 11, 1890, with a spall, producing pain

and considerable discomfort, but he continued work until evening, at which time the pain became intense, and continued for several days. The appendages became much swollen and the globe reddened. After a lapse of two weeks he said something like a chunk of matter came out and vision failed (evidently this was the lens). The eye remained tender to the touch. Eleven weeks afterwards examination showed the lids to be swollen, globe phthisical, and marked tenderness in the ciliary region, slight pressure giving pain, and pericorneal injection. There was blurring of the well eye at frequent intervals, and photophobia. The function of the eye being destroyed, and the pathological change progressing, we enucleated the eye. On section a solid growth was found occupying the whole vitreous chamber, which proved to be a melano-sarcoma. This case was reported by Dr. Magee in full to the Academy of Medicine and Surgery, (found in the May number of the KANSAS MEDICAL JOURNAL.) Blurring of the vision and photophobia passed away and the eye gained in strength. At the end of the second week fitted him with an artificial eye, warning him against wearing it steadily until six or eight weeks would elapse. He was told to not wear the eye if he experienced any unpleasant sensation in the stump or in the remaining eye. Recovered.

Case 7. Mr. P. B., of Dover, Kansas, age 50, farmer, white, American. July, 1889, while repairing a mower some pieces of steel struck him in the right eye, pain followed, and continued for several months. Examination showed total loss of vision, an opaque lens, and irido-cyclitis. There was intense photophobia, supra-orbital neuralgia, pain in the back of the neck and head. This had continued for some months with increasing severity. Very dark glasses had to be worn in order for him to go about, and there was spasm of accommodation of the left eye and blurring of vision. He had not been able to read for some time. The offending eye was removed in July, 1890; in two weeks he could walk about in the sunlight at will; recovered.

Case 8. Mr. J. G., of Concordia, Kansas, white, age 30, merchant. While chopping a barrel hoop was struck in the eye, lacerating the cornea and penetrating the iris and lens. After several days of intense pain, a cataract operation was performed with no results. Six weeks afterwards he was brought to our office. Examination showed an irido-cyclitis, degeneration of the lens substance; increased tension; lachrymation and intense peri-corneal injection; vision of the good eye was gradually failing and blurring at frequent intervals, with marked photophobia. The injured eye was enucleated April 30, 1890. Examination showed a dark grumous vitreous, showing a choroiditis. Recovery.

Case 9. David T., age 57, Englishman, stonemason. Was struck in the right eye by a weed in September, 1890. Pain and inflammation followed, for which he was treated some five weeks in Denver, and the eye was opened twice, he said, (to relieve tension) but the pain was constant. At the expiration of this time he came to our office. Examination showed ulceration, involving the lower third of the cornea; circumcorneal injection; ciliary tenderness and pain on pressure. Eserine relieved the pain for a time, but pressure would produce pain. Vision nil. At the close of the eleventh week from the time of injury there was blurring of vision, sharp shooting lancinating pain in the good eye, pain in the back of the neck and head, with photophobia and lachrymation. Temperature ranging from 99½° F. to 100½° F. Pain came on between three and four o'clock in the morning, and continuing until near noon. Heavy doses of quinine were given without effect, and the mixed treatment given fair trial; but withal pain increased in the sympathizing eye. The exciting eye was enucleated December 15, 1890, about fifteen weeks after the injury. There is slight pain in the back of the head but growing less at the present, January 8, '91.

Case 10. Prof. W., of Baldwin, Kansas, age 40. During early boyhood was struck in the left eye; it has given him more or less pain ever since. Examination showed occlusion and exclusion of the pupil; plastic irido-cyclitis, with secondary glaucoma; with almost total obliteration of the anterior chamber. Perception of light. Phosphenes, circumcorneal injection, ciliary tenderness and pain on pressure. Use of the good eye caused pain

and headache. Lancinating pains shot through the good eye occasionally. The blind eye was enucleated July, 1890. He made a rapid recovery.

Case 11. Mrs. A., white, age 45. When two years of age had sore eyes; has always had weak eyes; had cataract removed from left eye twelve years ago—result nil. Since then kerato-conus has existed in that eye. Muscæ volitantes, and photophobia. We removed a cataract from right eye April 21, 1890. She had had ulcer of the cornea, which left a nebulæ; but with a x 10 D she reads ordinary newspaper print. The photophobia and pain in the left eye continued more or less for three months. The right eye was removed, and within two months her recovery was complete.

Case 12. Chas. W., colored, age 12, of Topeka, Kansas. June, 1890, while playing was struck by a playmate in the right eye with a sharp object. December 17, 1890, examination showed an incarcerated portion of the iris in a cicatrix in the cornea; secondary glaucoma with intense pain; faint perception of light which appeared yellow; ciliary tenderness and pain on pressure. There was occlusion of the pupil; pain became so intense in the injured eye sleep was impossible for the past forty-eight hours; increasing dread of light; pain and failng vision in the left eye. The diseased eye was enucleated; the next day the pain ceased in the good eye, and he is now well.

Case 13. Mrs. G. B. P., age 34, white, of Topeka. July 23, 1889, she applied to me for glasses, complaining of a burning, smarting sensation on using her eyes. The left eye she said was no good, and had not been for ten years. Examination showed vision in the left eye $\frac{10}{200}$, but could not read ordinary print. The vitreous was clouded and tension x. She was myopic, vision for distance in right eye only $\frac{70}{200}$, reads 0.5 Snellin 18 inches. The tension in the left eye increased and on the 24th done a paracentesis. On the 27th a broad iridectomy, and about one month later enucleated the eye, the pain increased so much and treatment availed not. The remaining eye improved, but within a month glaucoma was marked, and a broad iridectomy was made. The disease was seemingly checked, but within a few weeks tension increased, a sclerotomy was done, relief was given for a few days, but the same condition returned. Paracenteses have had to be done at intervals up to the present time. The last one January 4, '91. Vision is concentric and reduced to seeing large print temporarily. Eserine gave pain on use. Pilocarpine proved of no avail. Mixed treatment and alteratives were tried but without effect. She has been an invalid for ten years with some neurotic trouble which her physicians fail to relieve. We made a complete failure in this case.

Case 14. Mrs. G, age 44; white, American, Topeka. Two years ago she had an inflammation in the right eye, lasting three weeks, leaving the vision impaired. Aside from this the eye felt fairly well up to two months ago when a severe pain came in the brow and temple. The pain was so intense morphine had to be used almost constantly. General health poor. Examination showed an ulcer of the cornea at the lower third, with plastic iritis, perception of light. Treatment—The galvano cautery was applied to the ulcer. Atropine a two and four grain solution was used freely without effect. The ulcer healed after some half dozen applications of the cautery. But the pain continued, caused by cicatrization taking place in the iris and possibly the ciliary body. The patients general health was failing fast. The other eye began to pain; there was phosphenes and photophobia. The exciting eye was removed, and she made a rapid recovery.

Case 15. Mr. S. M.; aged 50, white, married, farmer, Kansas. In September, 1889, he was struck in the eye with a weed. He said a white spot soon came on the eye (an ulcer,) the eye was painful from that time on. He called on us in October, about six weeks after the injury and was treated about three weeks. There was a large ulcer of the cornea and interstitial keratitis. The eye did not get well but was easy and he went home. He was told that the eye would probably have to be removed but he ventured the risk. He wrote to us about the first of May of his condition, being confined to his bed on account of his eye and he was advised to have it removed

without delay. May 22, 1890, he came to the office very much broken in health and had a well marked case of panophthalmitis. The cornea and iris had sloughed. The eye was enucleated and the globe was a bag of pus. The other eye was suffering from irritation. The next day after the operation the temperature rose to 101° F. Pulse 112, continung until the third day, when an abscess pointed on the lower margin of the orbit. It was evacuated. The pulse and temperature soon fell to normal. The sympathizing eye regained its normal condition and he made a good recovery.

Case 16. Mr. L. E. B.; aged 31, white, American, single, Eskridge, Kas. He was struck in the eye with a pegging awl when two years old. Inflammation followed, but the eye soon got well, except the vision was nil. One year ago February 4, 1887. the blind eye inflamed and soon the vision of the other eye was impaired and the eye reddened. For days he was unable to use his eye, having to remain in doors. The injured eye was phthisical, about one-third its normal size, tender on pressure and deep pressure caused pain in the good eye. The latter had a rosy zone around the cornea which increased upon gentle pressure, and dimness of vision $\frac{20}{30}$, and a dull hazy iris which responded slowly to the mydriatic. The exciting eye was enucleated. There was calcareous degeneration of the choroid. Recovery.

Case 17. Guy F.; age 19, white, American, Spearville, Kansas. His right eye was injured on October 24, 1889, by a piece of cartridge from the explosion of the gun and cartridge. It struck him on the side of the nose, glancing upward and little outwards, grazing the upper border of the superior maxillary, and penetrating the eyeball just anterior to the equator. The physician removed the piece, severe reaction followed. He called on me November 8, fifteen days after the injury with a severe sympathetic irritation of the eye. Vision of the injured eye perception of light and a greenish appearance of the pupil, pus in the vitreous, with tension x 2. Removed the eye. There was beginning decomposition of the vitreous and retina, and a rent in the globe at the point mentioned 15 m. m. in length, transverse to it antero posterior diameter. Recovered.

Case 18. Arthur D.; age 7, white, American, Osawkie, Kas. October 24, 1890, was struck in the left eye with a sharp pointed stick by a playmate. The sight was lost at the time, but after the first day there was no pain. When seen November 5, 1890, the iris and lens substance was protruding through an opening in the cornea at its lower margin and broken down lens substance filled the anterior chamber. The iris was muddy, pericorneal injection marked, tension 2, aud slight pain on pressure. The opening in the cornea was enlarged, and the soft lens substance let out and a broad iridectomy alone in the site of injury under cocaine. No pain followed, For ten days the eye improved, although vision was nil. Then a greenish cast changing to a yellow appeared in thc pupillary space, and phthisis was marked. The right eye now showed signs of trouble, the vision faded and photophobia came on. The exciting eye was enucleated. The sympathetic symptoms subsided within ten days. Recovery.

Case 19. Byron C.; age 34, white, married, American, bridge foreman, Topeka. Wastruck in the left eye with a piece of steel November 25. 1886. He called on me the same day. The steel had passed through the nasal side of the cornea and iris and penetrated the lens. The force of the foreign body, although small, had knocked him down and there was "lightening flashes in my eyes," he said. The lens was opaque. It was thought best to remove the eye, but he preferred to wait a few days. At the expiration of one week a violent irido-cyclitis set in. The right eye was weak and the vision faded at times. The eye was enucleated. The vitreous was fluid but the foreign body could not be found nor the place of its exit. He recovered slowly, going to his work in one month, but had to use colored glasses. He returned in six weeks complaining of pain in the right eye and blurring or fading of vision. There was circumcorneal injection and palpation of the ciliary region—gave pain. He could not wear an artificial eye because of the pressure causing pain in the upper border of the stump, and in the sympathetic eye. Pressure with a pencil head,

at a point just above the center of the stump after cocanizing it caused pain and a sickening sensation, and pain in the other eye. I saw him six months afterwards and he could not wear an artificial eye and his eye was not strong. I have lost track of him.

Case 20. Mr. B. V. H.; age 64, farmer, white, American, married, and an invalid. His mother died of consumption. In the fall of 1879 he first had pain in the right eye and temple by spells, The vision in that eye began to fail and during the winter of 1879 and '80 total blindness ensued and the pain ceased. In August, 1880 pain came on and has continued. The eye burst about one year from the last date. Pain in the left eye and temple has been almost constant. The previous history was given when first brought to my office November 19, '89. Examination showed a phthisical globe, firm as muscular tissue about one-half normal in size, A black mass protruded through the upper portion of the remaining cornea, the size of a No. 4 bird shot, firm to the touch and not painful on pressure. On the lower border of the once cornea was one cluster of four dark masses of tissue, each the size of a small fox grape. One breaking down. The pain in the left eye and temple was severe, The vision was slightly impaired and pressure caused pain in both eyes. The diseased eye was removed. The adjacent tissue to the globe was involved, although the ball could be moved at will, except downward, where the protruding mass prevented, mechanically, and considerable of the colored tissue was removed. There was excessive hemorrhage which was controlled by compress and bandage with difficulty. It was diagnosed a malignant growth. We immediately wrote to his physician, Dr. Jeannotte, of Clyde, Kas., what we thought, advising with Drs. Munn and McClintock, stating that it would give him temporary relief and the outside limit of life would be three years. He made a good recovery. The left eye grew stronger and pain ceased entirely, although he remained feeble. I sent about one-third of the growth which consisted of the globe as described (a solid mass,) to Drs. Bidwell of Leavenworth, Alexander and Stewart of Topeka, for microscopical examination. Each made a report unknown to the other of melano-sarcoma. He died in June, '90, of cancer of the liver.

Case 21. Mr. W. B. L.; age 25, telegraph operator, McPherson, Kansas, white, married, American. He was injured July 1, '76, by a piece of gun cap hitting him in the eye at the inner quadrant, penetrating the globe. The sight gradually disappeared, and in the fall of '76, he visited Dr. Holmes of Chicago, who advised enucleation, which was refused. It gave but little trouble if any up to November 10, ,87, when pain set in. This history was given November 22, '87, when Dr. Fay brought him to my office. The good eye pained so he could notwork, vision $\frac{20}{40}$, the pupil was dull and responded to light but little and in fact iritis-serosa was present. There was total loss of vision in the exciting eye, occluded pupil with the surface of the iris against the cornea; irregular phthisical globe. The eye was enucleated. It was several months before he could do full work, without being reminded that he had an eye, but recovery was perfect within a year. Vision of the remaining eye $\frac{20}{20}$ December 20, 1890. The triangular shape of the globe was due to ossification of the lens as you will see by inspection. This specimen is the enucleated eye. (It was passed aronnd,) You will observe the bony formation is in the site of the lens. It measures 16 m. m, in its long diameter, and 10 m. m. at the wide and 7 m. m. at the narrow end, and averages 4½ m. m. in thickness. The vitreous, retina and choroid had broken down and the space was occupied by a dark grumous fluid.

Case 22. Mr. H. E. B. of Baldwin, Kansas, age 55, white, married, American. butcher. He called on me April 28, 1886. He was injured in the left eye twenty years ago by a scale of iron hitting him in the left eye (blacksmith then.) He had been treated more or less ever since. There is ulceration of the cornea at the inner and upper quadrant, and trachoma of both eyes. I treated him three months, when he went to work and considered himself well, although he was advised to return in one month, which he did not. We did not hear from him again until August 16, '89, when I was called to remove his eye. Examination showed a ulcer of the cornea in

the old site, deep and crater-shaped, inflammation involving the iris and ciliary body and periodical pain. There was serous iritis, chemosis and begining œdema of the lids; tension x, and vision counting fingers at one foot. There was a small ulcer on the right eye at a point corresponding exactly to the one on the left eye; photophobia and sluggish pupil. We advised waiting; put him on large doses of quinine, cupped the temple, applied hot fomentations and atropine. He had a good nights rest, snd was much improved in the morning. The treatment was continued by Dr. Osborne, but on the fourth day I was called again. The symptoms were all aggravated, especially in the right eye. Vision of that eye faded at times and the ulcer was spreading. Vision of the exciting eye, perception of light. The eye was removed August 20. Has been at work one year (now September 20.) Has slight trachoma but bids fair to recover as much as such eyes generally do.

Case 23. Miss Kate P., age 33, single, white, American, music teacher, Topeka. I examined her eyes September 3, 1889. Has leucoma of the cornea of the left eye at the upper and outer quadrant and remains of an old choroiditis in the region of the macula; cupped disc, arterial pulsation, tension x 1, vision perception of light. Vision of the left eye $\frac{20}{20}$, but complains of weakness and a burning sensation after use, also when she begins using them. Diagnosis glaucoma and advised a broad iridectomy. She did not like my proposed plan and went to a neighboring city for treatment. In about four weeks an iridectomy was made, inflammation followed and in another month an evisceration was done, followed by much suffering, and in six weeks from the time the last operation was done, she came to her home in Topeka. The stump and the remaining eye were painful. Treatment was carried out as directed by her adviser. The vision in the good eye began to fail and the pain to ncrease, and on March 28, '89, she called on me again. Pressure on the stump caused excruciating pain in it, and felt by the other eye. Tension of the eye normal vision fading at times, pupils contracted from dread of light, she wore the darkest shade of spectacles and a black veil over all. I advised enucleation of the stump to which she immediately consented. It was removed and the eye improved for a few days, but within ten days the tension increased, the pupil dilated, rainbows appeared around the lamp flame, a broad iridectomy was done which checked the progress of the disease. She made a slow recovery. Eight months afterwards she could read or sew but a few minutes at a time without pain. From this time on the eye grew stronger and she reported two months ago that her eye was well; she could do as she pleased. Vision $\frac{20}{20}$ without spectacles.

Case 24. Mr. Z. P., ago 50, white, married, American, an ex-soldier of the civil war, harness maker, Topeka, Kas. I was called to see him May 23, '88, by Dr. Ward, in consultation. Mr. P. had some general disease at the time, and it together with his eye trouble he claimed was of four years standing. The left eye had a large ulcer of the cornea, which treatment failed to relieve, and at an exactly corresponding point on the other cornea an ulcer developed in two weeks. The left eye went from bad to worse, and finally chemosis set in, œdema of the lids, severe pain, vision reduced to counting fingers one foot, and the ulcer in the other eye increasing. June 25, '88, we enucleated the exciting eye. Previous to this however, spinal sclerosis specifica had been diagnosed and he was treated heroically with mercury. His mind was seriously affected. His eye grew better slowly and he was able in a few months to walk to my office, one mile distant. The ulcer healed and he is now able to attend to business, drives a team from his home seven miles from the city. He is yet under treatment by Dr. Ward and myself. There are some evidences of sclerosis, but he is worth more to the world than some able-bodied men.

Case 25. Pat F., age 57, Irish, laborer, married, Topeka. He was struck in the left eye by a piece of stone in November, 1887. It was painful but he tied a handkerchief over it and finished his days work. He poulticed the eye that night but failed to get relief. In a few days he applied for treatment. The ulcer was spreading and iritis had set in. The poultice was removed, hot water and atropine

were substituted and the relief was so great he did not return, but went to work in a few days, although the eye was weak. The trouble increased and March the 24th he called again. The ulcer covered the greater portion of the cornea irido-cyclitis present total blindness of that eye, pain severe, and secondary glaucoma. The pain had been greater, but loss of sight at times and vision $\frac{20}{40}$ at best with phosphenes in the good eye frightened him into having the exciting eye removed. He made a rapid recovery.

Case 26. Mr. J., age about 65, minister, white, American, married, Parkerville, Kans. He consulted me in August, 1890, giving the following history: A few years ago he had been struck in the eye, the vision became greatly impaired, treatment availed naught. He did not consult an oculist until the vision in the other eye began to fail. The vision in the exciting eye had remained the same for some time, but the excited eye grew worse. The eye first injured was removed and total loss of vision followed. Moral—when sympathetic inflammation is progressing and useful vision is yet present in the exciting eye—wait.

Case 27. Mr. J. G., age 16, white, American, Topeka. He gave the following history: When three years old he was struck in the right eye by an arrow, destroying the sight. It gave him no more trouble until about one year ago. An evisceration was done in March, 1889. He suffered greatly for two or three weeks, but finally recovered and was fitted with an artificial eye which was worn with comfort. In the course of a few months he broke the eye and the second one gave him trouble, causing pain and clouding of vision in the left eye, unfitting him for school work. Examination showed an irritable stump, pressure upon it causing deep seated pain with a sickening sensation, and pain and fading of sight in the left eye. The pupil looked dull, and responded slowly to light, there was pericorneal injection, manipulation increasing it, and the same sickening sensation on pressure as the stump. We advised enucleation of the stump which was not done. An artificial eye was kept out for a time the stump treated by mild astringents cocaine and rest advised. In a month or so a better fitting eye was substituted and a large mass of œdematous, hypertrophied or granular tissue removed. He gradually accustomed the stump to the use of the artificial eye, and for the past two months wears it constantly and is now attending school '90 and '91. Although he experiences no trouble at present, sympathetic inflammation is liable to set in and removal of the stump would be the safer plan.

CONCLUSION.

First—Sympathetic disease may develop without the uveal tract being involved.

Second—Disease of the uveal tract is the most frequent cause of sympathetic inflammation, not because of more frequent injury, but on account of some predisposition.

Third—There is a tendency for sympathetic inflammation to attack, not only the same structure in the sympathizing eye, but a point in that eye corresponding to the affected area of the exciting eye. For example if the injury in the diseased eye involves the upper and outer quadrant of the ciliary body, the pain or tenderness on pressure is apt to be felt first in the same quadrant of the sympathizing eye. Reflex.

Fourth—An old stump whether tender on pressure or not may excite sympathetic inflammation, and should be removed if the remaining eye is weak.

Fifth—A phthisical eyeball is a dangerous neighbor and should be removed.

Sixth—An eye with a foreign body in it which cannot be removed should be enucleated, as a rule.

Seventh—If sympathetic inflammation has set in and there is some vision in the exciting eye do not enucleate.

Eighth—If the function of the sympathizing eye is destroyed and there is some vision in the exciting eye and recovery is retarded, the sympathizing eye should be removed.

Ninth—If a sympathetic eye has had an attack of irido-cyclitis, it should be used but little, ever after for close work.

WHEN in periodic fevers we find the tongue a scarlet red, in conjunction with antiperiodics give nitric, hydrochloric, sulphhuric or hydrobromic acid. When it is broad and flabby and of a dirty white color, give an alkali, and we commend the hyposulphite of soda.

SOCIETY PROCEEDINGS.

Topeka Academy of Medicine and Surgery.

On Tuesday evening February 3, 1891, the above Society met in regular monthly session, at Lincoln Post hall. Dr. T. W. Peers presiding. In the absence of the secretary, Dr. M. H. Cazier was appointed secretary pro tem.

Members present—Drs. Munn, Minney, McGuire, Pelton, McClintock, Lindsay, Williamson, Guibor, Longshore, Jamison, Sheldon, Bradley, Ward, Green, W. E. and R. E. McVey, Lewis, O'Brien, Morgridge, and Fagaines. Visitors—Drs. Limmer, and Colcord, city, and Dr. Reed of Soldier.

It was moved that a committee of three be appointed on resolutions, relative to the death of the wife of Dr. S. G. Stewart. Carried. Drs. Ward, O'Brien and Lewis were named as the committee, who later in the evening offered the following resolutions:

TOPEKA, KAS., February 3, 1891.

The President of the Topeka Academy of Medicine and Surgery:

SIR—The committee which was charged with the preparation of appropriate resolutions respecting the death of Mrs. Margaret Stewart, would respectfully submit the following, viz.:

WHEREAS, It has pleased Almighty God in His infinite wisdom to remove from our midst the beloved wife of our esteemed brother, Dr. S. G. Stewart of this society; therefore be it

Resolved, That we bow in humble submission to Thou, O Lord, the heavenly physician of souls who woundeth and healeth, bringeth down to despair and leadeth back again to great joy.

Resolved, That we deeply sympathize with the husband and children thus suddenly deprived of the sweet companionship and devoted care of a loving wife and devoted and fond mother; with the community which she graced with her virtuous examples, and the church of which she was an earnest and useful member, for the loss of a good and kind neighbor and friend and an exemplary christian woman. That they may receive strength to submit with pious humility and resignation to Thy Holy will.

Resolved, That these resolutions be spread upon the records of this society, and published in the daily papers of this city, and in the KANSAS MEDICAL JOURNAL; and that an engrossed copy be transmitted to Dr. Stewart.

M. B. WARD, M. D.,
J. P. LEWIS, M. D.,
M. O'BRIEN, M. D.,
Committee.

Drs. Geo. L. Limmer Kansas City Medical College, class '88, was elected a member of the society.

The only paper of the evening was read by Dr. L. H. Munn, subject, "Tonsillitis."

The author of the paper claimed no originality in the paper but presented in a very able manner the consensus of opinion of authorities.

Dr. W. S. Lindsay opened the discussion, and thought with Dr. Rice of New York, that when tonsillitis terminated in abscess, such abscess was peritonsillar.

Dr. Morgridge did not agree that the abscess was peritonsillar. As regards treatment does not think aconite of much value, likes proto-iodide of mercury as an abortive agent.

Dr. Pelton thinks vaso-motor nerve disturbance the great factor in causing tonsillitis, but agrees with the author of the paper that sepsis and rheumatic diathesis is also an important factor. Many cases may act separately or together in producing the disease.

Dr. Ward—Bad sanitary condition of sleeping rooms, (illy ventillated) is a potent cause. So far as treatment is concerned you can do no more than apply heat, and as soon as the abscess forms, open it.

Dr. Colcord approves of ice treatment locally. Constitutional treatment as indicated. Large tonsils more liable to attacks of inflammation.

Dr. W. E. McVey spoke of the anatomy of a normal tonsil. It is an aggregation of solitary glands. Recommends as treatment for tonsillitis a hot saturated solution of boracic acid as a gargle.

Dr. Guibor said in his experience he had found no specific, probably cocaine hydrochlorate early, followed by ice locally, with the internal administration of ammoniated tincture of guiac, gave as good results as anything.

Dr. Righter who was to have presented a paper, being absent, Dr. O'Brien was requested to address the society on the prospect of a

medical law being passed by the present legislature. He thought that the time was importune to act in harmony with the committee on hygiene of the House and Senate.

Remarks on the subject were made by Drs. Sheldon, McGuire, Ward, Lewis and Guibor, and a committee of three consisting of Drs. Sheldon, Minney and O'Brien was appointed to look after the matter of a medical law. The society favored a medical practice act separate from the Board of Health.

Papers for the next meeting "Phthisis Pulmonalis, early Diagnosis and Treatment," by Dr. Guibor. "Surgical Treatment of Hemorrhoids," by Dr. J. C. McClintock.

Adjourned to meet March 3, 1891.

D. F. RODGERS,
Secretary.

Topeka Pathological Society.

On the evening of January 27, a number of Topeka physicians interested in the study of pathology met at the office of Drs. Lindsay and Stewart for the purpose of organizing a society, the work of which should be restricted to pathological research.

Rules and methods were formulated; all questions of ethics were excluded and membership in the new organization was restricted to the membership of the Topeka Academy of Medicine. After taking this action the society adjourned to meet Tuesday evening, February 3, at same place.

Tuesday evening February 3, 1891, meeting called to order; Dr. D. R. Pelton in the chair. The organization was completed by electing Dr. S. G. Stewart president, Dr. G. O. Morgridge, vice-president, and Dr. C. C. Green secretary. The society then being in readiness for work; the study of Neoplasms was introduced by Dr. G. O. Morgridge. In a short paper the doctor not only pointed out the necessities and causes which led Virchow to introduce the new term, but dwelt briefly upon the importance attending the correct use of the terms "tumor" or neoplasm, "cyst," "hypertrophy," "hyperplasia" and "granuloma." The non-inflammatory nature of neoplasms was pointed out, and the points of differentiation between neoplasms and other forms of enlargement closely drawn.

Some of these differences in histological structure were nicely shown under the microscope in slides prepared by Dr. Morgridge jr., after which some remarks by Dr. Williamson, preliminary to the study of pathological conditions as found in the kidneys were made.

The president announced that at the next meeting the subject of neoplasms would receive further consideration and study, in a paper by Dr. G. O. Morgridge; that Dr. Williamson would continue the study of pathological changes in the kidneys and that subjects in the chosen field for study would be introduced by members of the society. The society then adjourned to meet at the office of Drs. Morgridge and Pelton, Tuesday evening, February 10, at 8 o'clock.

TUESDAY EVENING, FEBRUARY 10.

Pursuant to adjournment the Topeka Pathological Society met at the office of Drs. Morgridge and Pelton; president Stewart in the chair. Dr. Williamson continued the study of renal degenerative processes; formulating a course to be pursued and slides showing abnormal excretions were shown under the microscope and their import as indicating structural changes in the kidneys pointed out. In considering organic changes in the kidneys the president, Dr. Stewart, said: "They often result from organic disturbances in the liver. We may have a circumscribed inflammation in the liver, a hyperplasia results, and when the new tissue thus formed contracts as it invairably must, many liver cells are destroyed by pressure, and the functional capacity of the organ thereby permanently lessoned. This calls upon the kidneys for increased functional activity, which in time results in organic change in these organs." The study of neoplasms was continued by Dr. G. O. Morgridge presenting a short paper, setting forth many of the characteristics of new growths or true tumors.

Some microscopic slides showing the great diversity in histological structures were examined under the microscope, after which the president designated the line of study for the next meeting and the society adjourned to meet at same place February 17, 1891.

TUESDAY EVENING, FEBRUARY 17, 1891.

The Topeka Pathological Society met at

the office of Drs. Morgridge and Pelton, the president, Dr. Stewart, in the chair. Dr. Williamson's paper on the pathological changes found in the kidneys after the clinical manifestations that indicate "Bright's disease" have been recognized, gave evidence of careful study. The structural lesions were described and microscopic slides prepared by Drs. Stewart and Morgridge were shown; the former showing the kidney structure in an inflamed condition; the latter in a normal condition. Dr. G. O. Morgridge resumed the study of neoplasms, showing characteristics in histological structure and mode of growth. The subject of classification was then taken up and the inaccuracies of the old clinic method pointed out. The anatomical method was also considered and its deficiencies noted. Embryological classification was then considered and shown to be the most desirable method yet offered to the pathologist. By this method neoplasms are divided into three great classes. Those originating in the epiblast constituting one class: those originating in the hypoblast another, and those which spring from tissue of mesoblastic origin, the third class. Dr. D. R. Pelton will begin a series of studies pertaining to pathological changes in nerve tissue, at an early day.

The president announced that studies in various lines of research would be continued at the next meeting. The society then adjourned to meet at the office of Drs. Lindsay and Stewart, Tuesday evening, February 24, 1891.

PREACHERS WHO ENDORSE PATENT MEDICINE.—I. Preachers who endorse patent medicines are accomplices in fraud.

II. They speak of things of which they know nothing.

III. Religious papers and preachers join in with swindlers of whom they could quickly and easily have been informed.

IV. A theological course does not fit a man to give opinions on disease and drugs.—*Dixie Doctor.*

A LIFE long diet of sunbeams and a burial in the potter's field awaits the quack as soon we get medical legislation.

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TOPEKA, KANSAS, MARCH, 1891.

Some Notes on Medical Legislation.

The question of medical legislation is one of vital importance to the people, and should attract the attention of every thinking person. The restriction that is placed on the practice of medicine, by the various medical laws, is not for the benefit of the physician, but for the people. They are the ones that suffer from the lax condition of the laws. Some of the States are weeding out the incompetent class and raising the standard of medical education, and these take refuge in the various States that are inviting them by the lack of any restrictive measure. Kansas has no effective laws, and it is time that something was being done in the matter. Below are some of the answers to questions of the State Board of Examiners of Virginia:

"Symptoms of œdema of the glottis are that the patient feels husky and has sore throat. I would amputate it if necessary. I would do the operation in three or four months if it was a bad case."

"The dose of antipyrin for a child five years old is fifteen grains every three hours."

"The kidney is a muscular formation, in

shape oblong, color quite dark, weight about one pound to one and a half, but may vary considerable."

"The sympathetic system is composed of all the filaments of nerves that start from the spinal cord, and are distributed to all parts of the system, especially the brain. The cervical portion ramifies the encephalon in general. The dorsal portion ramifies the anus."

"Extra uterine pregnancy may be a fungoid gooth or tumor, fibroid in its character, or any extra gooth in the uterus would be called extra uterine pregnancy."

"A breech presentation may be known by the sense of touch, the buttox being different in formation from the cranium. The anus is different from the mouth, absence of tongue and nose. Get your finger in the inguinal region soon as possible and assist your patient by firm but gentle tension."

Some answers Quoted from a paper by Medical Director Albert L. Guion, U. S. N., are the following:

"The normal temperature of the body is from 112° to 140°."

"Phymosis is the result of old age."

"The difference between galvanism and electricity is that one of them is the substance itself, the other its use."

"Phosphorus burns and makes nitrogen gas."

"The technical name of rhubarb is columbo."

The Minnesota Board also published some very ridiculous answers, such as:

"The glands penis passes through the prostate gland."

"In cases of death from suffocation the bronchia remains *in situ quo*."

"One of the principal symptoms of scarlet fever is malice on the part of the child. The sequelæ may be death or recovery."

It seems impossible that such ignorance should aspire to the practice of medicine, but it is evidently a fact, and those States that are unprotected, form a dumping ground for these worse than quacks.

That there should be any one in the profession who would raise objections to a restrictive measure, is surprising. In an article by J. P. Dake, read before the Homœpathic Medical Society of Tennessee, we find the following objections. He says: "It is unfair as well as useless to subject the incoming physician to an examination and judgment by the very men with whom he is proposing to come in business competition. The brighter and more promising the candidate for license, the farther off he may be from obtaining it, for reasons quite obvious." This is too nonsensical for comment. Again he says, "The people, those who stand in need of physicians, the alleged beneficiaries of restrictive enactments, are not asking for boards. They prefer to choose their own medical attendants. They realize no need of the 'protection' that may be thrust upon them, nor will they submit to such a sinister measure and such an outrageous interference with their personal rights." In one point he is right. The people realize no need of "protection." In matters pertaining to *health*, the people are very negligent. All the advance in sanitary medicine has come from the physician, and they naturally look to him for any improvement that may be deemed necessary. A person in health, takes no heed of the future from a medical standpoint, and the physician stands in relation to the people as a "medical guardian" and is suffered to look after their (the peoples') interests. The people still have "the privilege of choosing whom they please," after the "incompetent class" have been relieved from their duties, and the patient certainly is not exposed to any more danger because a man shows he has at least made an effort to master the science of medicine. Certainly no one would consider as competent a candidate giving such answers as the preceding. If there is any doubt in regard to the advantage of the restriction, over the voluntary system, let us give the people the benefit of the doubt, and try to elevate the standard in our own State.

Koch's Lymph.

The history of all new and positive agents have had the same range. The secular press has lauded their birth, and while they were yet new, has tickled the palates of its readers with sensational notices, but when they began to gravitate to their true place in science and

are subjected to scientific investigations, it has either remained silent, or has forged new sensational articles by seizing upon some of the failures that attend all scientific inquiry.

Frautril and Runkwitz have found that small doses produce no results in healthy persons, while large doses produce pyrexia, pains, faintness, etc., in all. In all tuberculous cases there is marked reaction. In advanced cases of tuberculosis pulmonalis there is great exhaustion and danger with no compensating advantages.

In incipient pulmonary phthisis the bacilli in the expectoration diminish, disappear, fever and night sweats cease, cough abates, appetite, digestion and bodily weight increase, and after a few injections the lymph produces no more effect than on those in sound health. Whether the tubercle will recur demanding renewal of treatment, time will determine.

Levy reports three cases of lupus, the first was of nine years standing, covering the left arm, neck, front and back, and both cheeks. Violent reaction, with delirium and unconsciousness, and marked effect upon the lupoid growth, but none elsewhere upon the skin followed the use of the lymph. In eight days the serpiginous borders were dried up and soon after the tumors themselves appearing as if cauterized fell off, the skin beneath being either finely cicatrized or there was good granulation tissue. The injections were repeated until they produced no effect.

The second case was of eighteen years standing and involved the left upper extremity and shoulder. After the third injection there was a general tendency to cicatrization.

The third case, in an aged patient showed marked improvement, in an eight year lupus of the nose and cheek. He found great benefit arising from the use of the lymph in tubercular arthritis and that it was a positive aid to correct diagnosis.

Kohln, Wispphal and Von Bergmann found about the same results, viz.: chill, fever, with temperature sinking to normal or sub-normal in twenty-four hours, other symptoms varying in individual cases, but in all distruction of all forms of tuberculous growth.

Whatever the final judgment of the profession, Koch's lymph is a wonderful agent producing results out of all proportion with the quantity used, and being, if correctly reported, at least an astonishing aid to diagnosis. While we cannot at present see how the dead tuberculous masses can be removed from the deeper organs and tissues it would seem of undoubted advantage in all superficial tuberculous disease, and though we may not yet predicate the place, this new agent shall occupy in therapeutics, its action is sufficiently marked to make it the duty of those whose opportunities permit to thoroughly investigate its action in various localities, accurately recording all results.

Sterilized Milk and its Relation to Infant Feeding.

That cow's milk is the best substitute for mother's milk for the nursing infant is an undisputed proposition. It is now the duty of the physician to so modify it as to render it the most easily digestible, and non-irritating, and prevent the fermentative changes that so readily take place. Pasteur has established the fact that the decomposition, is due to the presence of germs, which are always present in the air. Now if we can by any means prevent this fermentative process, we have accomplished one step towards reducing the mortality of this class of patients. According to English statistics the mortality in the first year of life is fifteen per cent. Quetelet said that on the continent, ten per cent. of the children born die before the first month has been completed. In New York over fifty per cent. of the deaths occur during the first five years. Now with this array of deadly facts before us, it is necessary to reduce this high rate of mortality in every possible manner. One of the potent factors in this high rate is improper feeding. Artificial feeding is a poor substitute for the mother's milk at best, but by proper care, and especial attention to details in its preparation, cow's milk can be made the most suitable at our command. It is the city infant that suffers the most, on account of the poorer hygienic surroundings, and the inability to procure good fresh milk. Milk that has been mixed with the previous milking, and then hauled about the streets and dispensed,

is prone to undergo fermentation and is unfit for use. As to the preparation of the milk, it should be boiled, or exposed to a temperature of 212° for an hour. This destroys the germs, decomposing the ptomains tyrotoxicon that may have formed (according to Luff) into carbonic acid and nitrogen. Arnold's sterilizer is one of the best in the market, but one can easily be made from an ordinary steamer, such as are used in every kitchern. The milk should be gotten early in the morning and sterilized immediately. Bottles without shoulders should be used for this purpose, so as to admit of being more readily cleansed. When not in use they should be washed in boracic acid solution, or common borax water. The nipple should be of simple rubber without tube so that it can be turned wrong side out and be washed with the above solution, or the common "pearline" is a very good article for this purpose. The bottles are to be corked with clean cotton (Borated is the best) and placed in a cool place, but not in the refrigerator, as it is generally a germ breeder, and milk very readily absorbs obnoxious matters. It should be prepared for use as needed and tested with litmus paper. If very acid it should be neutralized with sodii bicarb or aquæ calsis, as indicated. This addition willtend to prevent the large coagula from forming, so natural to cow's milk and will facilitate the action of pancreatine if it is deemed necessary to peptonize it, as this substance will not act in an acid solution. The tendency to gastric and enteric troubles in the bottle fed infant, especially in hot weather is well known, but by the sterilizing process we reduce this to a minimum. H. M. F.

A New Process of Cremation and Mummifying has been proposed in France, based upon the well-known and successful experiments in plating with copper and other metals, by means of electrolysis, the most delicate tissues of grasses, leaves and skins. Certain Frenchmen have, as an experiment, actually plated a dead child. The result is a perfectly faithful statue of the subject, truer to life than any sculptor could hope to achieve. The metalic shell is strong enough to withstand shocks. To receive the electroplating of copper, aluminium, or gold, as the case may be, the skin is prepared by a bath of nitrate of silver, and the silver reduced upon it by the vapor of phosphorus. There are also various other ways of providing the necessary "electrode" on which to deposit the coating.

As aristol is now claiming the attention of the medical world, we publish some of its modes of administration taken from *The Bulletin General de Therapeutique.*

1.—*Ethereal solution*:

Aristol	½ ounce.
Ether	5 ounces.

2.—*With Collodion*:

Aristol	1 part.
Collodion	9 parts.

3.—*Ointment*:

Aristol	1 part.
Olive oil	20 parts.
Lanoline	70 parts.

4.—*Suppository*:

Aristol	16 grains.
Cocoa butter	q. s.
One suppository	

"From among the meritorious names before the president for appointment to the vacant surgeon-general of the United States Army he selected that of general Charles Sutherland, the Senior Surgeon of the Medical Corps. In making this appointment the president adhered to the rule of giving preference to seniority—always a just rule, and to be honored in the observance, unless there are clear and conclusive reasons for setting it aside. But, rule or no rule, General Sutherland has earned the promotion by honorable and meritorious service on the field of battle as well as in the hospital—in war as well as in peace. He is a diffident reserved man in all matters of mere personal preferment—quiet as reserved in such matters as he is forward in all matters in the line of his professional and military duty—and so it may be assumed that his promotion to the surgeon-generalship is due entirely to his creditable and honorable record."—*Philadelphia Ledger.*

We are in accord with the *Ledger.*

Dr. A. H. Brill of Louisville, paid the Journal a pleasant visit last month.

LITTLE THINGS.

THE phonograph is now used for testing the hearing.

DR. REED of Soldier City, was in the city last month on professional business.

DR. HANNAFORD of Marion, Kas., was a capitol visitor during February.

Dr. H. C. DAVIS and J. H. Cannon of Greenfield, Mo., have located at 625 Kansas Ave.

DO you believe in emasculation as a curative agent for the prevention of criminals?

THE St. Louis *Medical and Surgical Journal* with the January number entered upon its sixtieth volume.

DR. W. C. BOWEN of Lebanon has recently been appointed county health officer of Smith county, to fill vacancy.

ONE eighth of a grain of pilocarpine, hypodermically twice a day, is said to be quick treatment for gall stones.

A CHINESE doctor prescribed a blister applied to the top of the head, to draw into its proper place, a prolapsed uterus.—*Times and Register*.

LOOK out for the program of the State Medical Society in the next number of the JOURNAL. It will be the best in the history of the State.

AN enlarged malarial spleen is best treated by the administration of arsenic and iron and by the application of an ointment of the red oxide of mercury.

K. K. K.—Koch's Konsumption Kure man of Kansas City, Mo., is being ostracised by the other physicians according to the secular press, since his patient died.

THE South Kansas Medical Society will meet in joint session with the State Medical society, Wednesday, May 13, 1891. This insures an increased interest in the State meeting.

THE *Medical World* reports the case of a woman seventy-one years old, giving birth to a healthy and well developed boy. The average length of life is on the increase. We are on the verge of patriarchal days.

THE October, 1890, number of the JOURNAL contained an article entitled the "Merits of Veratrum Viride," which received favorable notice from other journals. The article was handed to us and was not signed by the author and upon inquiry we failed to learn his name. Dr. A. C. Flack of Fredonia, kindly informs us by mail that the article was prepared by Dr. J. K. Willits of Fredonia. We are under obligations to Dr. Flack for the information and to Dr. Willits for the article.

WE are opposed to the lecture system of teaching in our Medical Colleges. It never was a good system of teaching, never can be. Ohio has let down the bars. The faculty of the Kansas Medical College as a whole do not believe in it. Giving from a fifteen to a thirty minute lecture and devoting the balance of the time to quizzing and giving the student a chance to tell what he knows, is the plan pursued.

Dr. JAMES A. LYDSTON, late chief of Eye and Ear Department Pension Bureau, Washington, D. C., and Professor of Chemistry in the Chicago College of Physicians and Surgeons, has removed to Denver, Colo., where he will re-enter the practice of his specialty. His change of location has been necessitated by the illness of his wife.

Parson and doctor joined in one
Most suitable we find;
The one the suffering body treats,
The other soothes the mind.
The parson shows the way to heaven;
And then with tender care
The doctor consummates the work,
And gets the patient there.

—*Lancet Clinic.*

A PHYSICIAN once in writing a prescription, who out of the ordinary run of physicians was a capitalist, wrote, "Please pay to the bearer $50."

Moral—Physicians should not as a rule have much money.

TAKE this lesson home—never promise too much to your patient—for as you are not sure what a day may bring forth, you certainly never can be sure what an operation may bring forth.

SCOTT County, Kansas, has but one physician. He is compelled to leave not being able

to make a living. It has a population of 1,260 and but one natural death has occurred during the past year. Obstetric cases and accidents were his only means of support; a high altitude and the absence of a humid atmosphere makes it an exceedingly healthy locality.

THE stools of typhoid fever patients should be disinfected with a strong solution of sulphate of copper 1⅔ ounces to a quart of water. The hands and faces of those who take care of the patient as well as the cutaneous surface of the patient which has been fouled by his dejections, should be disinfected by a weak solution, 3 drachms to a quart of water.

EVERY physician should attend his own State Medical Society. If anything is wrong he should be there to right it. If there is a lack he should be there to make up the deficit. There is an opportunity to increase the efficiency of every society, and it requires the united wisdom of all to meet the demands of this progressive age.

THE *Clinique* has appeared in a new dress and is under new management. It is a monthly journal published at St. Louis, Mo., and edited by Dr. William Porter and associates. It is ably edited and is what it claims to be in every particular, a journal of clinical medicine and surgery.

VEGETATIONS of the genital organs:

℞. Acidi salicylici ʒi.
Acidi acetici ʒi.

M. Touch the excrescences with this liquid morning and evening with a fine brush. In two or three days they disappear.—*Medical Press.*

THE *Western Medical and Surgical Reporter* shows a marked improvement in every respect. Persistent painstaking labor will win. No. 7 Vol. 2 is a little beauty, filled with palatable nutritious diet.

THE city pathological society meets weekly and will have a space in the journal devoted to its work. Dr. Stewart is president, Dr. Morgridge vice president and Dr. Green, secretary.

INSANITY appears to be markedly on the increase among the colored race. As a race they are naturally timid, suspicious and emotional, sensitive to the calamities of war, excitement of politics and influences of religion.

THE Wichita and South Kansas physicians are perfecting arrangements for the meeting of the State Medical Society, which convenes in Wichita Wednesday evening, May 13, at 8 o'clock. Some of the sections have as large programs as the whole of the last State program. Time having been arranged to accommodate the pension examiners of each county, they will make an extra effort to attend. Those physicians who have never attended a medical meeting at Wichita, have missed an oasis in medical life.

COUNCIL BLUFF, IA., February 4, 1891.

The next meeting of the medical society of the Missouri Valley will convene at Omaha, Neb., March 19, at 7:30 p. m. An interesting program is promised. Nearly 300 members are now on the roll book. Program will be printed and mailed March 1. Physicians intending to read papers or present cases at that meeting, will please send to me their title before March 1.

F. S. THOMAS,
Secretary.

DR. HARRY C. KLINE of Front Royal, Virginia, one of the leading surgeons of said State, has been taking a western trip during the past month, visiting his brother in Salina, Kansas, whom he had not seen for over twenty years. He also visited his professional friends in Kansas, and speaks well of the Kansas physicians. Come again.

DRS. F. B. BROWNE of Salina, the efficient secretary of the Golden Belt District Medical society, has arranged for an elegant program of interesting papers, for the next regular quarterly (annual) meeting of said society, to be held in Topeka on April 6. The profession is cordially invited to attend.

DR. A. H. FABRIQUE of Wichita, has been in attendance at the last meeting of the Golden Belt District society in Salina, and has given some food for thought and practice in his logical discussion of the various papers that were read. He was elected an honorary member.

WE read in the *Lancet* that Dr. Sinclair, sanitary commissioner of Burmah tells an interesting incident about vaccination in that

country. He says that in the little village of Khramaung, some persons who had been vaccinated, but who had only a limited faith in the efficacy of the operation as a protection, sent for the "sayas" to inoculate them with small pox virus. They were inoculated after the vaccination, but without result, the inoculation in each case was repeated three or four times. This was a test case, it appealed to the understanding of the villagers, ruined the reputation of the sayas, and induced the head men for a considerable distance round Sandoway to make earnest appeals to the civil surgeon to send vaccinators to their village.

It is greatly to be hoped that Koch has found a cure for consumption. For since many physicians have decided the disease contagious the poor consumptive is considered a veritable Pariah. While some sanitarians would keep him from seeking a health resort by denying him transportation, others would keep his children in ignorance by excluding them from the public schools, and the California State Board of Health propose preventing their seeing her lofty mountains and her mighty ocean, by quarantining against tuberculosis. As nearly all autopsies show more or less tubercle, who will escape the ban if the craze continues? Better prove the disease contagious before we prove ourselves ready for an insane asylum.

Since the announcement of Dr. Koch, a few months ago that he had discovered a way of curing consumption, medical and public health interest has been strongly centered upon his laboratory in Berlin. He has put his remedy into the hands of some of the physicians of Germany and several of the most eminent of the practitioners of that country have already spoken very encouraging words in regard to its future usefulness. Meanwhile we are promised that we shall know all about it in a very short while.

We are glad to see the stand taken by the Cincinnati *Lancet Clinic* with reference to the advisability of removing the *Journal of the American Medical Association* to Washington. "That members of the association, the State and local societies be recommended to contribute funds for the erection of a permanent building as an office, library, etc., of the American Medical Association. We cannot but think that this is asking a little too much. Not one physician in five hundred visits Washington in a decade, and just why they should be taxed to purchase property they rarely ever see, is past finding out." In a former issue we spoke our sentiments on this question. We think we speak the feeling of the Great West when we say, let the Journal remain where it now is.

Dr. Wm. B. Dewees of Salina, Kas., advocates as a most successful treatment in gonorrhœa:

R.	Sodii biboratis.	
	Resorcini	aa ℥ss.
	Glycerini	fl ℥ijss.
	Aquæ rosæ	fl ℥viij. M.

Sig. Use an olive pointed hard rubber syringe, and inject about two drachms every two hours the first day; afterwards lengthen the interval as the discharge lessens. After the third day, tincture of cannabis indica in five drop doses every three hours. Expose the glans penis and bathe in as hot water as can be borne, thrice daily. Good nutritious diet, and attention to bowels, avoiding undue exposure as to taking cold and abstain from sexual congress. Thus managed, few cases will remain uncured after eight days' treatment.

It is about time that physicians summoned into court as experts should be properly paid for their knowledge and time. If our brother practitioners in the country will work with their representatives in the legislature a bill can be passed allowing physicians to demand a guarantee of expert fees before testifying, which is no more than they are entitled to. The matter is already being agitated in some of the cities, but every doctor must do his share and see his representative or the attempt will fall through.

Dr. C. R. Hume of Caldwell, Kas., has recently been appointed to the position of government physician of the Kiowa, Comanche and Wichita Indian Agency, stationed at Anadarko, Indian Territory.

Simply a result of taking the Kansas Medical Journal—its subscribers are always taking the lead in getting good positions.

The Virile Reflex.

If you take a perfectly healthy individual, whose spinal cord is entirely normal, especially in its genito-spinal centre, and place him on a couch, without head rest, supine, and nude about the loins, and make the sheath of the penis tense by clasping the foreskin with the left index finger and thumb at about the place of the frenum and pulling it firmly towards the umbilicus, placing the middle ring and little finger low down upon the dorsum of the virile organ for perceptive purposes and then sharply percuss the dorsum or sides of the penis near the perineal extremity, a quick and very sensible motor reflex response or retraction of the bulbo-cavernous portion will be felt to result from this sudden percussional impression, like that which follows though less pronounced in the testicles, after sensory irritation of the thighs and known as the cremasteric reflex. This virile reflex becomes impaired or disappears after prolonged or excessive venery. Such is the case after excessive masturbation. It is lowered and abeyant in the later stages of typhoid fever. Absent in optic nerve atrophy unequal pupil and cerebral sclerosis. DR. HUGHES,

St. Louis.

HOT WATER TO FACILITATE ABSORPTION OF DRUGS.—The *Medical World* says if you want a sure, speedy action from your drugs as if you gave them hypodermically, administer them in hot water; one-half the dose will have the effect. The reason is obvious. If the dose be given in hot water it is quickly absorbed, and the force of the drug thrown upon the system at once. Few people realize how long the dose will remain in the stomach if that viscus be chilled. Beaumont found that a glass of ice water stopped digestion for one hour. This method of administration is particularly suitable for vegetable preparations, opiates, etc.

IN CHOLERA INFANTUM give teaspoonful doses of a half grain solution of nitrate of silver with a drop of tincture of opium, after having washed out the stomach. The silver may be repeated every hour, the opium as needed.

FOR venomous bites and stings:

℞ Permanganate of potash ʒj
Glycerine ʒiv M.

Sig. Apply promptly and freely to the wound.

FOR insomnia:

℞ Chloral hydrate
Bromide of potass aa grs. x.
Aqua pura ℥i M.

S. D. On going to bed.

℞ Sulfonal grs. x—xij.
Aqua menth
Glycerine aa ʒij. M.

S. D. Two or three hours before sleep is desired.

℞ Somnal ʒss.
Syrup of tolu ʒij. M.

S. D. On retiring. Somnal is less depressing than chloral or sulfonal.

STANDING BAREHEADED AT FUNERALS.—The London *Lancet* deprecates the practice of remaining bareheaded at funerals. It commends the propriety of cutting short the burial service in the cold and inclement weather, and suggests that the hats should be kept on the heads of those in attendance. These suggestions should certainly be approved of, for a funeral ceremony, as at present carried on, involves much risk of contracting grave inflammation of the respiratory organs.—*Medical Age.*

So the physicians of Topeka, in conjunction with its clergy, have decided.

HYDROCELE which has been tapped and injected and still refuses to get well, may be cured by excision of the sac, which is also the best method of cure in any case. The operation should be done under strict asepsis, and the primary dressing may be left twelve or fourteen days for a complete cure.

℞ Cow's milk f ℥ij to ℥iv
Cream f ℥ss
Sugar of milk ℥ij
Water (boiled) ℥j to ℥ij

The above will be found a fit substitute for mother's milk, especially at weaning time, which should be from the tenth to the twelfth month.

BOOK REVIEWS.

EPILEPSY:—Its Pathology and Treatment, by Hobart Amory Hare, M. D., B. Se., Clinical Professor of the Diseases of Children and Demonstrator of Therapeutics in the University of Pennsylvania; Physician to St. Agnes Hospital and to the Children's Dispensary of the Children's Hospital; Laureate of the Royal Academy of Medicine in Belgium, of the Medical Society of London, &c.; Member of the Association of American Physicians. F. A. Davis publisher, 1890.

This volume consists of a prize essay read before the Royal Academy of Medicine in Belgium. "Is fairly representative of the views held as correct by the best minds of the profession." This is the best work we have seen on the subject for students. W. S. L.

MEDICAL BOOKS AND JOURNALS.—The remarkable catalogue of medical books and journals issued by A. E. Foote, M. D., of 4116 Elm avenue, Philadelphia, has the same relation to the ordinary commercial catalogue as the index catalogue of the library of the surgeon generals office does to the ordinary catalogue. Complete it contains over 14,000 titles. This remarkable catalogue is sent free to every physician requesting it on headed paper or inclosing his professional card. It is indispensible to any practitioner who thinks or writes. This is undoubtedly the largest stock in the world. He issues similarly complete catalogues on chemistry, physics and geology and all other branches of science. A natural taste for minerology has led Prof. Foote to accumulate the largest stock of mineral in the world, over 100 tons. These he sells at ridiculously low price of $5.00 and $10.00 per 100 good specimens, carefully labeled, and 100 labeled crystals for $1.00. Price lists sent free.

Parental Responsibility in Sickness.

The Des Moines clergyman who, rather than employ a physician, resorted to the "faith cure" treatment of his child with peritonitis, should either be debarred from further trial of his curative powers, or be prayed with that "his faith fail not." He either was woefully and fatally, if not criminally lacking in faith; or else his treatment lacks the merit of infallibility. And yet, though the child—his own child, died despite the anxious prayers of a father and a "faith cure" expert, he is still unshaken in his belief of the efficacy of the treatment. What could have been wrong? He quotes in his public defense the declaration "the prayer of faith shall heal the sick" and yet no healing came but death instead. He ought not to rely on his faith, as it has failed. Next time he ought to try somebody else's faith; or address his petition to some one with whom he is on better terms; or try to take some good physician into partnership with him in the curing business. It is not so bad when full grown men or women, who are supposed to have sense, are the victims, voluntarily, of this treatment; but it is too bad for innocent children, who can have no choice in the matter, or whose choice is ignored, to be sacrificed to this Moloch of folly.

We would not be understood as underestimating the value of prayer. We believe such prayer without the proper use of the means placed at our disposal is, however, a criminal sacrilege and the perpetrators of it should be held to strict accountability for the consequences. We only know of one class of persons more censurable and that is the advertising quack doctor who is destitute of medical knowledge, and who for the money there is in it promises to cure diseases, that he knows, if he knows anything, are incurable.—*Month. Bal. Ia. St. Bd. of Health.*

MEDICAL evidence if important in a case can be given in a trial even though it be overruled as heresay, or on other technical grounds, and it has reached the jury and will have weight with them, while the opposing lawyers will be happy in having the testimony ruled out.

"THE shoemaker's wife and the blacksmith's mare always go unshod." The *American Journal of Ophthalmology* is so poorly printed with cheap type and paper that it is about as bad for the eyes of readers as the unshod condition of the above mentioned creatures is for their feet.

MEDICAL MISCELLANY.

How a General Practitioner may Treat Chronic Atrophic Rhinitis.

BY HANAU W. LOEB, A. M., M. D., ST. LOUIS, MO.

LECTURER ON DISEASES OF THE NOSE AND THROAT, MARION SIMS COLLEGE OF MEDICINE; ATTENDING SURGEON NOSE AND THROAT DEPARTMENT, GRAND AVENUE FREE DISPENSARY.

Read before the Medical Society of the Missouri Valley, Kansas City, Mo., Dec. 18, 1890.

From the time when the Chinese Emperor, Hoang-ty, four thousand five hundred years ago, first described specific ozœna until the present day, the treatment of chronic atrophic rhinitis has been, more or less, the bugbear of the general practitioner of Medicine. True the modernizing influence of thorough-going reason has shorn the disease of much of its mystifying elements, still, to many, even in this enlightened day, it remains a book sealed with the superstition of the past, and bound tightly by the cords of enforced destiny.

Notwithstanding the great amount of literature which has resulted from the painstaking study of this disease, the vast majority of doctors are indifferent, some perhaps ignorant, as to its proper treatment. Some do not believe that an iota of benefit can result from treatment of any kind; others declare that they have no desire to treat it; still others, by temporizing, hold their patients day in and day out, in the vain hope that some kindly providence may relieve doctor or patient. Amid all this array of indifference, disinclination and lack of knowledge or its application, is it strange that the poor sufferer should read with a shudder, the advertisements which deal out his symptoms so exactly, and which alarm him by unnecessary enunciation of dangers which never occur? Is it to be wondered at that his mind becomes filled with visions of consumption—visions which, by reason of their indistinctness, magnify the evils thus portrayed? Is it remarkable that he should swallow with avidity such unwholesome morsels as this: "The microbe of catarrh in your sleep, crawls down your throat, and, coming in contact with your lungs, produces consumption?" Is it further a matter of wonder that the poor, bewildered mortal, whose fears have now changed his nose into a mountain of woe, ready to boil and to seethe with the fury of evil spirits, should seek his family physician, and, receiving the unsatisfactory advice, which in many cases he will get, is it strange, say I, that he should place his tender organ of facial ornamentation into the hands of a quack? I think not. From a popular standpoint, at any rate, the charlatan who boasts loudly of his cures, and who points out the evils that may result, knows far more than the dillydallying doctor. Here lies the trouble, doctors imagine the nose beyond their ken, too far removed for their comprehension; in fact, many do not hesitate to say so. Why, bless you! those same doctors would never admit a lack of knowledge in the treatment of a cervicitis or an endometritis, and yet the organs concerned in these latter diseases are far more difficult to examine than the nose.

Thoughts such as these are calculated to make a specialist ponder, and to seek some plan of benefit. That some good may come from a tacit and clear statement of the treatment of this disease, I am assured; and that the general practitioner will, by the application of a few general rules, be able to benefit almost all of these cases, I am still more assured. I have seen this very thing exemplified in my own students in the Marion-Sims College of Medicine, to whom I have assigned cases for treatment in the clinic, with results highly satisfactory. What students are thus enabled to do, I feel certain the great body of our upright, conscientious and earnest practitioners of medicine can do far better.

Many means have been devised, and many remedies have been suggested, for the treatment of this very refractory disease, but as its theoretical consideration forms no part of the subject of this paper, they are placed aside. Therefore, the radical treatment of the disease requiring, as it does, an extensive knowledge and technique, will not receive attention. That the disease is ever entirely cured is still a controvertible question. Reports have been

made of cures by cauterization with chromic acid, and the galvano-cautery, and by galvanism of the nasal mucous membrane.

The condition can be ameliorated! Not only this, but every practitioner who possesses an intelligent conception, may become the high-priest of this benediction.

From the nature of the disease, the vitiated secretion and scab-formation which go with it, one can easily understand that two features of treatment are indicated, viz., cleanliness and stimulation; cleanliness so that there can be no irritation from the presence of scabs, and for the thorough application of medicines and stimulation to counteract the passive inflammation, and to cause the blood more nearly to approximate the normal.

Now, cleanliness does not mean the promiscuous douching or spraying of the nose—by no means. The most persistent care must be taken to remove every scab and particle of abnormal discharge. Granted; but how can this be done by the general practitioner? Easily enough. His *armamentarium nasale* need not be very extensive. A lamp, a student's lamp, being preferable, a head mirror, a nose speculum, a small cotton applicator (a knitting needle with one end roughened will answer,) constituting an equipment not elegant, but sufficient. The cost, exclusive of the lamp, is little enough, being less than $4.00. Cotton absorbent or borated, should be on hand, as well as plenty of old-time Dobell's solution, or the following modification, which I like better:

℞. Sodii Bicarbonatis
Sodii Biboratis aa ʒij.
Listerine or Katharmon ℥ss.
Aquæ q. s. ad ℥viij.
M. Sig. Nose wash.

To the list I would perhaps add some sort of atomizer or post-nasal syringe, costing in either case not more than $1.25. However, one could get along without either of these. The nose should be first sprayed out with the solution whose formula I have just given (better warmed,) or by means of the post-nasal syringe the cavities can be washed out from behind. Understand, however, even this does not constitute the cleansing of the nose, for after this has been done, the work really begins. The light being reflected into the nose, held open my means of a speculum (Knight's modification of Duplay's preferred), the probe, to which a pledget of cotton is attached, is made to dislodge and to remove each scab or portion of discharge which is presented to the view. Any one can do this, for any one can see the scabs, and can with ease remove what he sees. This accomplished, the nose is clean and the first essential part of treatment has been applied.

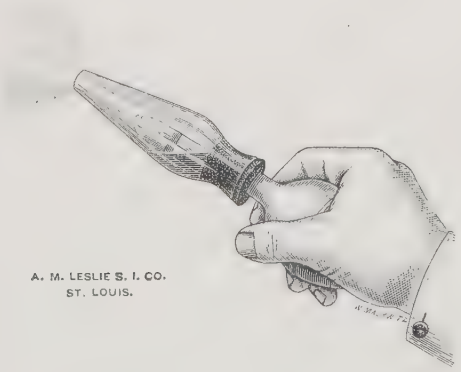
For the stimulative plan of treatment, various drugs have been recommended, out of which I select menthol, thymol and eucalyptol as having been most efficacious in my hands. I have used menthol more frequently than any of these agents, and have been so well pleased with its action that I should be unwilling to exchange it for any other remedy. The following is the customary formula:

℞. Menthol gr. x.
Liquid Albolene ℥j.
M. Sig. Spray for the nose.

The amount of menthol may be increased to gr. xx or even ʒi to the ounce. This, or thymol, gr. x to ℥i liquid albolene, or eucalyptol gtt. x to ℥i liquid albolene, should be well sprayed into the nose, first directing the patient to breath through his open mouth, thereby shutting off the oro-pharynx and causing the spray to pass out of the other nostril. The first sensation is that of warmth, and no little itching is frequently occasioned; but this is soon succeeded by a feeling of coolness and comfort in the nose which is gratifying to the patient. While the menthol, thymol and eucalyptol have a stimulative effect, the liquid albolene is not void of benefit. It takes the place of vaseline of quondam fame, without having the inconvenient features of the latter. By means of the spray, the oily albolene is thrown over a large portion of the mucous membrane, and by bathing with an oily film, aids not a little in its improvement. This cleansing out and treatment of the nose should be done every day, if possible, for some little time; later, the intervals may be lengthened. It is useless to attempt any permanent or even transitory improvement, for that matter, by treating the nose twice a week, or less; three times a week is seldom sufficient at the outset.

Nor is this all there is in the treatment. The patient should be directed to clean his nose three or four times daily, by snuffing up Dobell's solution, or the modification which I have given, and thereafter to use a spray of menthol, thymol or eucalyptol and albolene. A special sort of atomizer must be used, from the fact that all atomizers do not act with oily solutions. Each patient must provide himself with one, and use it three or four times daily. The Codman & Shurtleff, No. 356, or the Brooklyn Throat Hospital Atomizer will answer. The latter is better for the doctor, in that having three nozzles it may be used for the nose, pharynx or larynx.

Of late I have been using a new atomizer, lately designed and manufactured by the A. M. Leslie Surgical Instrument Company of St. Louis, the Acme Vaseline Atomizer; in



fact, I now prefer it to any other kind. It has the advantage of simplicity and cleanliness. Though intended as a vaseline atomizer, it can be used to the greatest satisfaction for the spraying of liquid albolene.

I would again urge that, whatever the form of the atomizer, it should be used systematically, thoroughly and regularly. It is surprising how much better the patient will become under this sort of treatment; the excessive scabby discharge ceases, the odor disappears, the hawking diminishes, and the patient's mind turns to other thoughts than an untimely death from the fancied change of catarrh into consumption. Not only this: the relief is so decided and rapid in its occurrence, that the patient becomes a friend and patron whose good word will reflect credit and money to the doctor who is so fortunate as to have applied this mode of treatment.

It is well to state one danger which may occur, not only from this form of treatment but in any case where douching is used: I refer of course, to the otitis media, catarrhal or suppurative. Where there is the slightest tendency to this disease one must be guarded, and must avoid the douche, and sometimes the spray. In such cases, the only recourse is to remove the scabs as well as possible by means of a probe and pledget of cotton.

Very naturally there are other plans of treatment which are not to be despised. I desire to make no reflection whatever upon any other method. This I do say, however, the method which I have detailed is one which must commend itself to every one. It is simple in its application, scientific in its procedure and sufficiently easy in detail as to be within range of every practitioner of medicine.

I turn now to the title of my paper: "How a General Practitioner May Treat Chronic Atrophic Rhinitis." I feel that I have answered the question in so tangible a manner that its acceptance and adoption by the general practitioner is a matter of choice, and not one of long-considerating deliberation. The question narrows itself down to this: Will you treat these simple cases in this simple manner, to the credit of yourselves and to the benefit of yourselves, or will you with less pride, less reason and less professional honor, allow those who have placed their well-being in your hands to go on day by day without any relief, subsequently to fall into the unscrupulous hands of some catarrh nincompoop? I believe you will adopt the former course.

A CHRISTMAS SENTIMENT REGARDING THE MEDICAL PROFESSION.—The following seasonable tribute to our profession may be found in the Christmas number of *All the Year Round* in a story by Fargeon: "Surely there must be some beneficent influence at work that humanizes and softens the heart, that makes it respond willingly and cheerfully to the appeals of those who suffer! Numberless are the instances that can be adduced of the wonderful goodness of physicians, renowned and eminent, who sacrifice their time without expectation or desire of return for the inestimable services they render. I have no

hesitation in saying that of all arts it is the most ennobling and beautiful, and that its record of kind deeds is matchless and unapproachable. With all my heart I say, 'Heaven bless the doctors for all the good they do, for the good they are enabled to do.'"—*New York Medical Journal.*

State Medicine.

We acknowledge the receipt of the "Illinois Report on Medical Education, Medical Colleges, and the Regulation of the Practice of Medicine." Like everything on sanitary science that comes from its distinguished secretary, John H. Rauch, M. D., it is complete and thorough. State boards of health that have Rauch's for secretaries are blessings to their states and to the nation.

In the 222 pages of this report we have a full account of every medical college in the United States and Canada—their conditions of admission, branches taught, length and number of courses required, character of examinations, number of professors and instructors, etc. The pertinence of all this to the state board of Illinois is, that the state will not after this year admit to practice on their diplomas graduates from schools requiring less than four years study, and attendance upon three regular courses of six months each. It also gives a definite idea of medical progress in America. The doctor says: "When a review is made of changes for the better since the session of 1882-'3, there is much cause for congratulation and encouragement." There are now 148 medical colleges of all kinds in the United States and Canada. In 1882 the number of colleges requiring certain educational qualifications for matriculation was 45, and in this report 129.

In 1882 the number of colleges that required attendance on three or more courses of lectures before graduation was 22, in this report 85. In 1882 hygiene was taught in 52 colleges, and medical jurisprudence in 61; in 1890 hygiene was taught in 119, and medical jurisprudence in 114. There has been also a gradual increase in the duration of the lecture terms from an average 23.5 weeks to 76 weeks.

Under the head of Kansas are given *Kansas Medical College*, Independence, Kansas, (extinct); *University of Kansas*—Preparatory Medical Course; Course of Instruction. Two terms of 20 weeks duration annually, making a preparatory course which is claimed to be accepted by all leading colleges of the west as the first of a three years course.

First term—Chemistry, physiology, comparative anatomy, chemical arithmetic.

Second term—Botany, physiological chemistry, toxicology and materia medica.

Requirements—A full collegiate course is recommended for all professional students. Any student admitted to the special course in medicine, must be prepared for at least the Freshman class.

Wichita Medical College—Suspended.

The Kansas Medical College, Topeka, Kansas, J. E. Minney, A. M., M. D., Dean.

The faculty consists of twenty-two professors, one lecturer, and one demonstrator.

Course of Instruction—The first regular annual session began September 23, 1890, and will continue twenty-four weeks. "Quizzes, recitations, thorough work in the laboratory and careful dissecting, will be special features of the course. Attendance on three sessions obligatory.

Lectures embrace first year, anatomy, chemistry, toxicology, physiology, histology, dissections and laboratory work, materia medica and therapeutics, pathology; second year, anatomy, histology, obstetrics, surgery, theory and practice of medicine, surgical demonstrations, laryngology, rhinology, dental pathology, oral surgery, clinics; third year, gynecology, orthopedics, dermatology, hygiene, genito-urinary and venereal diseases, ophthalmology and otology, diseases of children, of the nerves and mind, medical jurisprudence, clinics.

Requirements — For admission: Credible certificate of good moral standing; a diploma from a recognized literary or scientific college or high school; or, an examination in mathematics, English composition, elementary physics.

For graduation—(1) twenty-one years of age; (2 good moral character; (3) completion of three years of study; (4) dissection of the

entire human body; (5) three full courses of lectures; (6) satisfactory examinations.

The following institutions have adopted, or will do so at the dates set opposite their titles, the requirements of longer terms of study, as a condition precedent to graduation:

California Medical College, 4 years' study with session of..... 1891
Bennett College of Eclectic Medicine and Surgery Chicago, 3 courses of lectures and 4 years' study..... 1890–91
Medical College of Indiana, 3 courses of lectures and 4 years' study..... 1890-91
Physio-Medical College of Indiana, 4 courses of lectures and 4 years' study..... 1890-91
Fort Wayne College of Medicine, 3 courses of lectures and 4 years' study..... 1890-91
Department of Medicine and Surgery, University of Michigan, 4 annual courses of lectures..... 1890-91
Homeopathic Medical College of Missouri, 3 courses of lectures and 4 years' study..... 1890-91
American Medical College, St. Louis, " " " " 1890-91
Dartmouth Med. College, New Hampshire, " " " " 1891
Eclectic Med. College, City of New York, " " " " 1890-91
Eclectic Medical Institute, Cincinnati, " " " " 1890-91
Toledo Medical College, " " " " 1890-91
National Normal University, Ohio, " " " " 1890-91
Chicago Homeopathic Medical College, 3 courses of lectures now and 4 years' study after..... 1890-91
Medical Department University of Wooster, 3 courses of lectures 1890, and 4 years' study..... 1891
Rush Medical College, 3 courses of lectures and 4 years' study after..... 1890-91
Chicago Medical College, 4 years' study after..... 1890-91
Hahneman Medical College, Chicago, 3 courses of lectures and 4 years' study after..... 1890-91
Woman's Medical College, Chicago, " " " " 1890-91
Physio-Medical Institute, Chicago, 4 years' study after..... 1890-91
Central Col. Phys. and Surgs, Indianapolis, 3 courses lectures and 4 years' study after..... 1890-91
Indiana Eclectic Medical College, 3 courses lectures and 4 years' study after..... 1890-91
Eclectic Col. Phys. and Surgeons, Indianapolis, 3 courses of lectures and 4 years' study after..... 1890-91
Medical Department State University of Iowa 4 years study after..... 1890-91
Homeopathic Medical Department, State University of Iowa, 4 years' study after..... 1890-91
Iowa Eclectic Medical College, 3 courses of lectures and 4 year's study after..... 1890-91
College of Medicine and Surgery, Minneapolis, 4 years's study after..... 1890-91
College of Homeopathic Medicine and Surgery, Minneapolis, 4 years' study after..... 1890-91
Missouri Medical College, 3 courses of lectures with session 1890-91, and 4 years' study after..... 1890-91
St. Louis Medical College, 4 years' study after..... 1890-91
St. Louis Cllege of Phys and Surgs., 3 courses of lectures and 4 years' study after..... 1890-91
University Medical College of Kansas City, 3 courses of lectures and 4 years' study after..... 1890-91
Ensworth Medical College, 3 courses of lectures and 4 years' study after..... 1890-91
Beaumont Hospital Medical College, 3 courses of lectures and 4 years' study after..... 1890-91
Medical College of Ohio, 3 courses of lectures and 4 years' study after..... 1890-91
Starling Medical College, 3 courses of lectures and 4 years' study after..... 1890-91
Homeopathic Hospital College, Cleveland, 3 courses of lectures with 1890-91, and 4 years' study after 1890-91
Cincinnati College of Medicine and Surgery, 3 courses of lectures and 4 years' study after..... 1890-91
Miami Medical College, 3 courses of lectures and 4 years' study after..... 1890-91
Northwestern Ohio Medical College, 3 courses of lectures and 4 years' study after..... 1890-91
Woman's Medical College, Cincinnati, 3 courses of lectures and 4 years' study after..... 1890-91
Western Pennsylvania Medical College, 3 courses of lectures and 4 years' study after..... 1890-91
New York Homeopathic Medical College, 4 years' study after..... 1891-92
New York Medical College and Hospital for Women, 4 years' study after..... 1891-92
Hahneman Medical College, Philadelphia, 4 years' study after..... 1891-92
Boston University School of Medicine, 4 courses of lectures after..... 1890-91
Pulte Medical College, Cincinnati, 4 years' study with..... 1892-93
Columbus Medical College, 3 courses of lectures and 4 years' study with..... 1892-93
Leonard Medical School, 4 years' graded course since..... 1882
Gross Medical College, Denver, 3 courses of lectures with session..... 1890-91
Kansas Medical College, 3 courses of lectures with session..... 1890-91
Kansas City Homeopathic Medical College, 3 courses of lectures with session..... 1890-91
Cotner University, Lincoln, Nebraska, 3 courses of lectures with session..... 1890-91
Western Reserve Medical College, 3 courses of lectures with session..... 1890-91
Cleveland Medical College, 3 courses of lectures with session..... 1890-91
Jefferson Medical College, 3 courses of lectures with session..... 1890-91

Medical College, State of South Carolina, 3 courses of lectures with session	1890-91
Medical Department, University of Vermont, 3 courses of lectures with session	1891
University of Spokane Falls, 3 courses of lectures with session	1891
College of Physicians and Surgeons, Keokuk, 3 courses of lectures after session	1890-91
Keokuk Medical College, 3 courses of lectures after session	1890-91
University of Maryland, Department of Medicine, 3 courses of lectures after session	1890-91
Northwestern Medical College, St. Joseph, 3 courses of lectures after session	1890-91
University of the City of New York, 3 courses of lectures after session	1890-91
Medical Department, University of Buffalo, 3 courses of lectures after session	1890-91
Bellevue Hospital Medical College, 3 courses of lectures after session	1890-91

During the year the list of colleges that now require, or will require within one or two years more courses and time of study, has grown considerably. There are thirty-four colleges that now or will soon require four years' study and three courses of lectures; eleven that now or will soon require four years' study; four that have or will soon have four courses, and seventeen that will require three courses of lectures in the fall of 1891 or 1892, exclusive of those having that requirement now. Thus the list of colleges in the United States that require but two courses and have made no provision for longer study, is reduced to twenty-one.

There is so much of value to the profession in this report, that we hardly know what to quote or what to omit. We will refer to it again.

Chronic Constipation.

At the meeting of the Berlin Medical Society, Herr Flatau introduced a new method of treating chronic constipation due to torpor of the colon. This consists in applying about three grains of boric acid. In those cases in which the lower edge of rectum protrudes through the anus and when this remains visible after powerful contractions of the levator ani and sphincters, the quantity of boric acid mentioned, is either to be dusted on or rubbed on the mucous membrane in sight. In cases in which the mucous membrane is not visible it must be insufflated. It is important that the medical attendant should carry out the procedure himself, at any rate, at the commencement. The patient should then keep quiet for a time. In from an hour to three hours peristaltic action will be observed in the colon. He has never seen a failure from this method of treatment, nor had he seen a case where the patient got so accustomed to it that it ceased to be effective. On the contrary, if carried out systematically daily, permanent improvement in time takes place and normal peristalsis is returned to. He had tried a number of other substances but none had the same usual effect.—*Medical Press.*

THE American Electro-Therapeutic Association was organized on the 22d of January, 1891, at the Academy of Medicine, No. 17 West 43rd street, New York, by the adoption of a constitution and by-laws, and the election of the following officers: President, G. Betton Massey, M. D., Philadelphia; Vice-Presidents, William James Norton, M. D., and Augustin H. Geolet, M. D., New York; Secretary, William H. Walling, M. D., Philadelphia; Treasurer, Geo. H. Rohe, M. D., Baltimore.

Executive council—Horatio R. Bigelow, M. D., Philadelphia, Franklin H. Martin, M. D., Chicago, Wm. F. Hutchison, M. D., Providence, R. I., Frederic Peterson, M. D., New York, and Chauncey D. Palmer, M. D., Cincinnati, O. The object of the association, as stated in article second of the constitution is, "The cultivation and promotion of knowledge in whatever relates to the application of electricity in medicine and surgery." The association starts with a strong and vigorous membership, and has every prospect of a most useful and successful career. The next meeting will be held in Philadelphia, in September, of this year. WM. H. WALLING, M. D.,

Secretary.

2005 Arch St. Philadelphia, Pa.

ACUTE INFLAMMATORY RHEUMATISM is probably a germ disease. It is found in damp or filthy honses, but it is not found on board

ship or in the Artic regions. The action of salicylic acid is specific. Therefore we conclude the disease is infectious. Give salicylic acid per rectum, in the ordinary doses and thereby save the stomach.

KERRVILLE, TEXAS, Feb. 12, 1891.

Editor of the Kansas Medical Journal:

Thinking that you might be willing to publish a short article about one of the leading health resorts of Southwest Texas—I send you the following: Seventy-one miles northwest from San Antonio, at the terminus of the San Antonio and Aransas Pass R. R., on the east bank of the Guadaloupe river, is situated the thrifty little city of Kerrville. It is 1680 feet above sea level and surrounded by mountains, so-called, 400 and 500 feet above the city. The place is becoming noted as a resort for those suffering with throat and lung troubles. Many of the business men of the city came here for their health or for the health of some member of their family, and after being greatly benefitted, they concluded to go into business and remain. One can go go down town any day and find people who will declare that their lives have been spared by coming here. The mean temperature for the year, is 65° F, and January, February and December 42° or 43° F. The rain fall is about 27 inches annually. The place has doubled its population in 1890, and now has about 1,600 inhabitants. It is very pleasantly located. The water in the Guadaloupe river is very clear and cold, and is pleasant to the taste, and the river also abounds in fine mountain trout and other fish, and there is plenty of game near by—rabbits, quail, squirrels, ducks, turkeys, deer and bear. The hotel accommodations are good. With hunting, fishing and climbing mountains, the time can be pleasantly spent. Some months of 1890 there were as many as three hundred invalids here, and the best of all it is a good climate all the year round. Arrangements are being made so that all invalids who come from now on, can find first-class accommodations at reasonable rates. If any of the readers of the JOURNAL have patients suffering with throat, bronchial or lung troubles, they will make no mistake by sending them to Kerrville, Texas.

L. L. UHLS.

DR. N. T. P. ROBERTSON of Hutchinson, Kas., is dead.

Beef Meal.

Something which will revolutionize all beef products. A sample was presented to us by C. H. Ingersoll, Park, Davis & Co's. man, of this beef product which contains in nutritive value six times its weight of lean beef. It is digested by the juice of the common pine apple which renders it free from the disagreeable odor which has characterized every preparation of pre-digested meat heretofore known; also a preparation of beef and cacoa. So completely is the taste of its proteid constituents disguised that a patient would not imagine but what he was drinking a cup of ordinary chocolate. These preparations are a God send to the invalid and physician.

A NEUROPLASTIC OPERATION.—An operation designed for the restoration of nerve-trunks that have been destroyed by injury or disease is thus described by H. H. A. Beach, M. D., (Boston *Medical and Surgical Journal*, December 11, 1890;) Pick up the nerve with a tenaculum, and transfix it with a silk suture; open the sheath for three and one-fourth inches in either direction from the wound by following one of the divided ends, or in both directions, for one and three-quarter inches; then, having measured the distance accurately, partially divide the nerve trunk, in a vertical direction to its axis, at the required point and split the nerve to a point within one-third of an inch of its end.—*Journal of Nervous and Mental Disease.*

ELECTROPLATING THE DEAD.—A French physician has announced a new means for preserving the remains of the dead which he asserts will supersede embalming and mummifying. His plan is to give the corpse a bath of nitrate of silver and then electroplate it.

WHY is it that the practice of medicine is the only profession or business or mode of making a living which is supposed to be conducted universally on the credit plan? Is the merchant or the lawyer expected to give his goods or advice to an entire stranger, respectable looking or otherwise and receive the consoling (?) assurance that it will be settled for at some future time?